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ABSTRACT

This introductory packet is designed as an aid in conceptualizing financing efforts, identifying sources, and understanding strategies related to needed reforms that address barriers to learning. The packet contains an introductory overview of financing strategies to support innovative approaches to assisting children and families. Also presented are selected references on financial strategies including discussions of funding sources, models, issues and considerations, and a listing of agencies, organizations, and advocacy groups that are relevant to financing strategies. A brief description of financing options for children's mental health services and Internet resources specializing in assistance related to financing school mental health centers, as well as potential sources of federal support for school-based and school-linked health services is provided. The packet concludes with a short course on proposal writing. (GCP)

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ealth in Schools
enter
Technical Assistance

*From the Center's Clearinghouse ...**

An introductory packet on

Financial Strategies to Aid in Addressing Barriers to Learning

*his document is a hardcopy version of a resource that can be downloaded at no cost from the Center's website
hp.psych.ucla.edu). The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of
l Mental Health Project. Dept. of Psychology, UCLA. Center for Mental Health in Schools. Box 951563. Los Angeles.
CA 90095-1563 (310) 825-3634 Fax: (310) 206-8716; E-mail: smhp@ucla.edu

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the Center for Mental Health Services. Substance Abuse and Mental Health Services Administration.
Both are agencies of the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

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Mental Health in Schools
Center
Training and Technical Assistance

UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: ***To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.***

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

***Technical Assistance** ***Hard Copy & Quick Online Resources**
***Monthly Field Updates Via Internet** ***Policy Analyses**
***Quarterly Topical Newsletter**
***Clearinghouse & Consultation Cadre**
***Guidebooks & Continuing Education Modules**
***National & Regional Networking**

Co-directors: Howard Adelman and Linda Taylor
Address: UCLA, Dept. of Psychology, 405 Hilgard Ave., Los Angeles, CA 90095-1563.
Phone: (310) 825-3634 FAX: (310) 206-8716 E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu/

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U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

Mental Health in Schools Center Training and Technical Assistance

About the Center's Clearinghouse

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; and available for searching from our website.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units*. These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

- E-mail us at **smhp@ucla.edu**
- FAX us at (310) 206-8716
- Phone (310) 825-3634
- Write School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site: **http://smhp.psych.ucla.edu**

All materials from the Center's Clearinghouse are available for order for a minimal fee to cover the cost of copying, handling, and postage. Most materials are available for free downloading from our website.

If you know of something we should have in the clearinghouse, let us know.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

FINANCIAL STRATEGIES TO AID IN ADDRESSING BARRIERS TO LEARNING

> It is essential that the work of refinancing be closely tied to ...reform... so that refinancing is a means to support a larger vision of long-term fundamental changes in the systems serving children and families, not an end in and of itself.
>
> *Judith C. Meyers, 1994*

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Mental Health in Schools Center Training and Technical Assistance

U C L A

Surfin' for Funds

Those working in the best interests of youngsters always are on the look out for funding opportunities. The picture is constantly changing. We have moved into an era of creative financing. Fortunately, the Internet now provides a major tool for identifying many funding opportunities and offers access to helpful documents and organizations that share expertise related to relevant financial strategies.

This document is meant to help as you use the Internet to learn about what is available at the moment. It is meant to be a general do-it-yourself aid and as a supplement to seeking specific technical assistance from centers such as ours. (If you are not personally connected to the Internet, hopefully you have access through your work site, local libraries, or a friend.)

I. Accessing Information through Sites Compiling Information on Funding Opportunities

Catalog of Federal Domestic Assistance – www.cfda.gov/

The Catalog of Federal Domestic Assistance is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public. It details every federal grant, including description, eligibility, deadlines, and award procedures. It contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government. To directly do an online search, go to -- http://www.cfda.gov/public/faprs.asp -- The catalogue can be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington D. C. 20402, 202-512-1800.

Federal Register – http://ww1.access.gpo.gov/GPOAccess/sitesearch/su_docs_aces/desc004.html

The Federal Register is the "main" resource listing federal funding opportunities. It is published Monday through Friday, except Federal holidays. The current year's Federal Register database is updated daily by 6 a.m. Documents are available as ASCII text and Adobe Acrobat Portable Document Format (PDF) files.

Notices of Funding Availability – http://ocd.usda.gov/nofa.htm

Notices of Funding Availability (NOFAs) are announcements that appear in the Federal Register, printed each business day by the United States government, inviting applications for Federal grant programs. This page allows you to generate a customized listing of NOFAs.

Snapshot from SAMHSA
http://www.samhsa.gov

Snapshot is a new series dedicated to simplifying and amplifying information about SAMHSA's grant programs.

The Co-directors of the School Mental Health Project at UCLA and its Center for Mental Health in Schools are Howard Adelman and Linda Taylor. Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

School Health Program Finance Project Database – http://www2.cdc.gov/nccdphp/shpfp/index.asp

Designed to share with staff in local school districts practical information about how they can acquire funds for developing and improving various components of school health programs. SHPFP staff 1) compiles and organizes information about funding sources, including information about eligibility and application requirements; 2) tracks and updates changes in funding availability, legislation, and administrative regulations that may change these sources and requirements; 3) makes such information accessible to relevant organizations and individuals through electronic online information channels; 4) works with relevant organizations to help national, state, and local staff learn how to use the information; and 5) publishes reports about the evolving availability and nature of the diverse funding sources. The School Health Program Finance Project searchable database contains information on federal, foundation, and state-specific funding sources for school health programs.

TENET's Educational Grant Programs Webpage –http://www.tenet.edu/announce/grant.html#Fed

Provides a sampling of major federal education grant programs with links to specific agencies.

School Grants – http://www.schoolgrants.org/grant_opps.htm

Posts all types of grants for schools, teachers, and students. Provides links to federal and state agencies and foundations (http://www.schoolgrants.org/Links/links.htm)

The Finance Project – http://www.financeproject.org

The Finance Project is a national initiative to create knowledge and share information that will lead to the improved well-being of children, families, and communities. The Finance Project develops working papers and other tools and products, convenes meetings, roundtables, and forums, and conducts technical assistance activities. Their website lists New Initiatives and Project Descriptions and publications & resources such as: *Federal Financing Issues and Options; State & Local Financing Issues and Options; Financing Comprehensive, Community-based Supports, and Services; Results-based Planning, Budgeting, Management, and Accountability Issues; Financing Early Childhood Supports and Services; School Finance Issues*

The Finance Project also hosts the Welfare Information Network, a valuable source of information regarding welfare, income security, and welfare to work programs – http://www.welfareinfo.org/

The Foundation Center – http://fdncenter.org/

The mission of the Foundation Center is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. It publishes the *Philanthropy News Digest*, a weekly listing of requests for proposals (RFPs) from U.S. grantmakers. (See -- http://fdncenter.org/pnd/current/index.html)

GrantsWeb.
http://www.research.sunysb.edu/research/kirby.html#index

GrantsWeb is a starting point for accessing grants-related information and resources on the Internet. GrantsWeb organizes links to grants-related Internet sites and resources, including funding opportunities, grants data bases, policy developments, and professional activities. GrantsWeb is in the early stages of development.

American Psychological Association
http://www.apa.org

Go to *Search;* type in Grants. Provides a useful summary listing of many funding opportunities

II. Major Public Funding Agencies

Department of Health & Human Services
http://www.dhhs.gov/progorg/

The simplest way to check for grants in the various agencies of this Department is to go to the Catalog of Federal Administrative Assistance as listed in the previous section of this document – **www.cfda.gov/**. Alternatively, go to the Department's web address and click on the agency you want to check out (e.g., Administration for Children and Families -- ACF, Centers for Disease Control and Prevention -- CDC, Health Resources and Services Administration -- HRSA; National Institutes for Health -- NIH; Substance Abuse and Mental Health Services Administration -- SAMHSA. Once at the site, you can go to the Grants pages and find out about agency grants, including what the various units are offering.

For example:

On SAMHSA's grant page (http://www.samhsa.gov/GRANT/gfa_kda.htm), you will find information on grants from the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment.

On HRSA's grant page (http://www.hrsa.dhhs.gov/grantsf.htm), you will find information on grants the Bureau of Primary Health Care, the Bureau of Health Professions, Bureau of Maternal and Child Health and the HIV/AIDS Bureau.

On NIMH's grant page (http://www.nimh.nih.gov/grants/grants/cfm), you will find program announcements and requests for application.

On NIDA's funding page (http://165.112.78.61/Funding.html), you will find announcements.

On NIAAA's grant page (http://silk.nih.gov/silk/niaaa1/grants/grants.htm), you will find program announcements, requests for applications and other relevant information.

Examples of types of relevant grant opportunities the DHHS has funded recently include:

>Comprehensive Community Mental Health Services for Children with SED
>Conference Grants Program
>Homeless Families Program
>Community Action Grants for Service Systems Change,
>National Training and Technical Assistance Center for Children
>Violence Prevention/Resilience Development -- School and Community Action Grants
>Violence Prevention Coordinating Center
>Community-Initiated Prevention Interventions
>Family Strengthening
>Substance Abuse Prevention/HIV Care
>Adolescent Treatment Models
>Targeted Capacity Expansion Program
>Community Action Grants
>Practice/Research Collaboratives
>Comprehensive Community Treatment Program for the Development of New and Useful Knowledge
>National Training Institute for Child Care Health Consultants
>National Resource Center for Health and Safety in Child Care
>Adolescent Health Center for State Maternal and Child Health Personnel
>Maternal and Child Health Provider Partnerships
>Community Organization Grants (COG) Program
>Interagency -- with Departments of Justice and Education – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

Health Care Financing Administration (HCFA),
http://www.hcfa.gov/

Provides general information on service funding related to Medicaid/EPSDT and the State Children's Health Insurance Program (SCHIP). Specific information can be found on each state's website, which can be accessed via the U.S. State & Local Gateway – http://www.statelocal.gov/

Department of Education – http://www.ed.gov/GrantApps

The simplest way to check for grants in the various units of DOE is to go to the site listed above or go to http://www.ed.gov/funding.html or to the Catalog of Federal Administrative Assistance as listed in the previous section of this document – **www.cfda.gov/**. Another quick option related to the most recent application notices is to go to **Federal Register ED Announcements – http://gcs.ed.gov/fedreg/announce.htm**

Examples of types of relevant grant opportunities the DOE has or may fund include:

>Alternative Strategies: Grants to Reduce Student Suspensions and Expulsions, and Ensure Educational Progress of Suspended and Expelled Students
>Neglected and Delinquent/High Risk Youth Program
>Even Start Statewide Family Literacy Initiative Grants
>21st Century Community Learning Centers Program
>Parental responsibility/Early Intervention Resource Centers
>Teacher Quality Enhancement Grants
>Character Education
>Emergency Immigrant Education Program
>Goals 2000 Comprehensive Local Reform Assistance Program
>Developing Hispanic Serving Institutions Program
>Linking Policy and Practice Audiences to the 1997 Amendments of IDEA
>State and Federal Policy Forum for Program Improvement
>Center on Achieving Results in Education for Students with Disabilities (special educ.)
>Rehabilitation Short-Term Training (special educ.)
>Centers for Independent Living (special educ.)
>Special Demonstration Programs (special educ.)
>Community Parent Resource Centers (special educ.)
>Elementary School Counseling Demonstration
>Middle School Drug Prevention and School Safety Program Coordinators
>State Grants for Incarcerated Youth Offenders
>Civic Education
>Systems-Change Projects To Expand Employment Opportunities for Individuals With Mental or Physical Disabilities, or Both, Who Receive Public Support
>Safe and Drug-Free Schools
>Interagency --with Departments of Justice and HHS – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

Note: Opportunities exist to transfer a percentage of various federal grants to enable better outcomes related to the intent of the grant. For example, Title XI of the Improving Americas Schools Act of 1994 allows school districts, schools, and consortia of schools to use up to 5% of their ESEA funds to develop, implement, or expand efforts to coordinate services. A similar provision was included in the reauthorization of IDEA. And with respect to social services block grants, there is a provision that allows each State to transfer up to 10% of its allotment for any fiscal year to preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income energy assistance block grants in order to enable the State to furnish social services best suited to the needs of individuals residing in the State.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice – http://ojjdp.ncjrs.org

See OJJDP website for Notice of Comprehensive Program Plan for Fiscal Year 2000

Examples of types of relevant grant opportunities in which the Department of Justice is or has been involved:

>Mental Health and Juvenile Justice: Building a Model for Effective Service Delivery
>Fiscal Year 2000 Missing and Exploited Children's Program
>Interagency --with Departments of Education and HHS – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

This site also offers a gateway to other Department of Justice and federal agency funding opportunities (i.e., Education, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation) – http://ojjdp.ncjrs.org/grants/otherag.html

National STW Learning and Information Center – http://www.stw.ed.gov/grants/grants.htm

Use search engine to find information on School to Work Grants.

Also, see the Catalog of federal Domestic Assistance for information on the Department of Labor's Youth Services Delivery Systems program focused on youth who are or have been under criminal justice supervision.

III. Foundations

As noted in Section I of this document, **The Foundation Center -- http://fdncenter.org/** collects, organizes, analyzes, and disseminates information on foundations, corporate giving, and related subjects. It publishes the *Philanthropy News Digest*, a weekly listing of requests for proposals (RFPs) from U.S. grantmakers. (See -- http://fdncenter.org/pnd/current/index.html). Many foundations include a focus on health, mental health, and schools. For example, Annie E. Casey Fdn., Robert Wood Johnson Fdn., W. K. Kellogg Fdn., Charles Stewart Mott Fdn., Commonwealth Fund, Pew Charitable Trusts, DeWitt-Wallace/Readers Digest Fdn., W. T. Grant Fdn., Rockerfeller Fdn., Harris Fdn., Public Welfare Fdn., R. G. Hemingway Fdn., Carnegie Corp. You can, of course, go directly to the websites for any foundation and find the information about what they currently fund. However, direct contacts to discuss what one wants to propose often is a strategically good step.

IV. A Few Other Resources with Relevant Summaries, Reports, and Analyses

School Health Finance Project of the National Conference of State Legislatures (funded by DASH, CDC)
http://ncsl.org/programs/health/pp/schlfund.htm

Summary of surveys of states and territories focused on gathering information on block grant and state support for school health programs. The data collected are designed to identify the sources for school health funding and the procedures required to access funds in each state. The databases provide information about how states and territories use federal and state funds for school health programs and can be used to develop and improve school health programs. The block grant survey collects information about how states use six specific federal block grants to fund school health programs (i.e., *the Community Mental Health Services Block Grant, Community Prevention Grants, Community Services Block Grant, Maternal and Child Health Services Block Grant, Preventive Health and Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Safe and Drug-Free Schools and Communities Block Grant*). The state revenue survey collects information about which states appropriate state general revenue for school health programs (structured around the eight components of the CDC Coordinated School Health Program model).

The Future of Children
http://www.futureofchildren.org/sch/index.htm

The Winter 1997 edition of the Future of Children journal (V. 7, No. 3) dealt with *Financing Schools. It is* available for downloading in PDF form with Adobe Acrobat. The articles titles are:

>Financing Schools: Analysis and Recommendations
>School Finance: Fifty Years of Expansion
>Sources of Funding for Schools
>How and Where the Education Dollar Is Spent
>Equity and Adequacy in School Funding
>School Finance Policy and Students' Opportunities to Learn: Kentucky's Experience
>Considering Nontraditional Alternatives: Charters, Private Contracts, and Vouchers

Making the Grade
http://www.gwu.edu/~mtg/sbhcs/financing.htm

Focuses on financing issues related to School-Based Health Centers. The following papers can be accessed through the above Website.

>Issues in Financing School-Based Health Centers: A Guide for State Officials
>Medicaid, Managed Care, and School-Based Health Centers:
>Proceedings of a Meeting with Policy Makers and Providers
>The New Child Health Insurance Expansion
>Nine State Strategies - Executive Summary
>School Health Centers and Managed Care: Seven School-Based Health Center Programs Forge New Relationships

V. Accessing Information Through Our Center

Whenever we learn about funding opportunities, we cite them in our monthly electronic news and, as appropriate, in our quarterly newsletter. These documents, then, are added to our website for ongoing access. In addition, as we become aware of reports and other documents that discuss sources, explore issues, and provide analyses, we add these to our Center Clearinghouse and reference them in documents we produce to provide overviews on different topics such as financial strategies. You can easily find what we have by using the search features on our Website.

You should begin with a *Quick Find Search*. This type of search yields basic information on specific topics for which we receive frequent requests, such as "Financing and Funding." To do a Quick Find search, go to the site

http://smhp.psych.ucla.edu/

and click on *Search*, you will see the Quick Find section and a place to "Select a response to a frequent request." Since you are interested in funding opportunities, find the topic "Financing and Funding" and hit *"go."* It will provide you a list of resources you may find useful, and when you scroll down, you will find a list of agencies and Website links which you can then access.

VI. Accessing Information Through Our Sister Center

Additional resources on funding strategies and related technical assistance are available from our sister center: *Center for School Mental Health Assistance* (CSMHA) at the University of Maryland at Baltimore. http://csmha.umaryland.edu

A Final Note: In the spirit of creative financing, it is important to think in term of collaborative partnerships. One type of partnership involves seeking funds with University colleagues. This opens up access to a variety of research funds and strengthens applications for programs that involve a major evaluative component.

II. Some Overview Discussions

A. Financing of Reforms
(from the *Journal of Clinical Child Psychology*)

B. About Title XI -- school funds to coordinate programs and services

C. Promising sources for underwriting mental health in schools: *"Funding Opportunities"*
An article from *On the Move with School-Based Mental Health,* the Center for Mental Health Assistance's Newsletter)

D. Adolescents and CHIP: Healthy Options for Meeting the Needs of Adolescents
(Executive Summary)

E. Key Issues for School-Based Health Centers Providing Mental Health Environment
(Literature Review)

F. More on Financing School-Based Health Centers
(From Making the Grade Initiative)

FINANCING OF REFORMS

In a 1994 article on financing strategies to support innovative approaches to assisting children and families, Judith C. Meyers of the Annie E. Casey Foundation examines the limitations of current financing policies, which are categorical, inflexible, and crisis oriented, and presents options for refinancing services through (a) redirecting existing funds; (b) maximizing use of federal firnding; (c) decategorizing or pooling current program dollars; and (d) seeking additional sources of revenues through taxes or grant support from the private sector.[1]

What follows are excerpts from her article.

> Many states are looking for new financing strategies to support ... innovative approaches that cut across health, education, mental health, juvenile justice, and child welfare services. . - . In addition to the problem of insufficient resources, the very structure of current financing policies, and patterns reinforces a categorical and crisis-oriented approach that is confusing and difficult to access.
>
> Most funding for services flows from multiple funding streams that are separately regulated at the federal or state level. Such categorical funding tends to define eligibility in narrow terms. so that programs are funded to address specific problems. . . .
>
> Care must be taken to ensure that funding approaches are used to help develop a more broadly integrated system. ... rather than add to the existing categorical approach. . . . Instead of each agency *or* each level of government operating in a separate, parallel, and, ultimately, inefficient and ineffective manner, problems should be framed broadly across program areas and levels of government, expanding the possible resources available. The financing strategy should support the desired outcomes of program reform, not drive it. Too often, there is a tendency to design the programs to fit the requirements of the funding streams. If the funding strategy is not driven by program priorities, it becomes all too easy to use new dollars to support the status quo or divert funds to other purposes, such as covering an existing budget deficit or meeting other pressing needs defined by a current crisis or political problem.
>
> There are four major ways that funding can be made available to support building a new delivery system for children and families, three of which do not require raising new dollars. These include (a) redeploying or redirecting existing funds so that they produce the results sought through programmatic reform; (b) maximizing the use of allowable federal entitlement programs; (c) decategorizing and pooling funding; and (d) raising new revenue through taxes, donations, or fees.

Redeployment of Funds

> . . . If existing monies are shifted or redeployed from "deep end" to "front end" services, this shift will drive change in the way services are used. rather than just add new services. . . .
>
> It is important to recognize that redirecting dollars is more than a technical matter. This strategy forces an examination of the use of current resources before new funding decisions are made. This is a difficult process that requires political commitment, as there may be strong opponents to a shift in orientation . - . . A redeployment strategy, similar to any other financing strategy, is more likely to be successful when linked to a broader commitment to reform the way services are delivered to children and families. Rather than simple budget cutting, in which low-priority items are cut and the money is used for higher priority items, in a redeployment strategy there is a conceptual relation between the program cut and the newly funded one, with a predicted return on investment. . . .
>
> In addition to redirecting dollars, staff and other resources can be redeployed from traditional services to more

community-based approaches. For example, staff can be reassigned to schools or other community sites, or schools can provide space for family support programs or school-based clinics. These redeployment strategies are short term in nature. Funds can be shifted from one program to another within the same fiscal year, anticipating immediate savings as a result of the development of the new community-based services. Longer term redeployment strategies involve investments in prevention programs, such as HeadStart, family support centers, and parent training, that result in longer term savings as children and families who benefit from these services are diverted from needing more intensive, expensive services in the future.

Maximizing Federal Financing

Many of the interventions being developed in state and local reform initiatives involve services that can be paid in full or in part through federal entitlement programs. Due to the complexity of federal financing and the difficulty of coordinating activity among agencies or levels of government, however, states are not taking full advantage of the opportunities and are assuming these costs with state or local dollars. *Refinancing, as* this shift from the use of state and local government dollars to federal dollars is often called, is a strategy used to capture these currently untapped federal revenues without increasing state budgets, thereby releasing dollars for investment in more community-based alternatives. The primary opportunities for refinancing occur through the use of funds under several titles of the Social Security Act (a) Title XK - Medicaid, (b) Title IV-E - foster care and adoption assistance, and (c) Title IV-A - the emergency assistance program (U.S. Congress, 1992).

Medicaid. The Medicaid program was established in 1965 under Title XIX of the Social Security Act of 1935 (U.S. Congress, 1992). It is federally administered by the Health Care Financing Administration (HCFA) within the Department of Health and Human Services (DHHS). Although often viewed as a unified financing program. Congress and the HCFA set broad federal guidelines for the program, with a set of separately available and authorized benefits. States have considerable flexibility in formulating eligibility, benefits, and reimbursement policies.

The Medicaid program offers a number of opportunities to refinance services. Many states are turning to Medicaid to help fund a more coherent system of health, mental health, special education, and social services for children and families. Medicaid can be used to pay for a variety of activities *(ex* children and their families in a range of settings, including school clinics, satellite sites in family support centers, or the home (Fox & Wicks, 1991, Fox. Wicks, McManus, & Kelly, 1991).

Medicaid options that are available to states to support innovative programming include the following (CSSP, 1988):

1. Case management: States can provide case management services to eligible individuals to assist in gaining access to needed medical, social, educational, and other services. ...
2. Clinic services: Clinic services include preventive, diagnostic, therapeutic, and rehabilitative outpatient services furnished by or under the direction of a doctor. ...
3. Rehabilitation services: Community-based services geared toward psychosocial rehabilitation and assistance as an alternative to residential care can be reimbursed. ...
4. Early and periodic screening, diagnosis and treatment (EPSDT): States are required to provide early and periodic health and mental health screening, diagnosis, and treatment services to all Medicaid eligible recipients under the age of 21 and to provide treatment to correct or ameliorate defects or chronic conditions found. ...
5. Personal care services: Services that provide both patient care of a nonskilled nature and household or chore services necessary to prevent or postpone institutionalization may be covered. ...
6. Home and community-based waivers: Under a waiver of certain statutory requirements, states can offer an array of home- and community-based services that are designed to prevent institutionalization but are not included in the state Medicaid plan. ...
7. The 1915(a) option: Section 1915(a) of the Social Security Act (U.S. Congress, 1992) allows for a state to contract with a health maintenance organization, a prepaid health plan, or other service organizations to serve

a defined group ofenrollees in a particular geographic area on a prepaid or per capita basis. The package of services may include those not otherwise reimbursed under the state Medicaid plan, allowing enormous flexibility to develop specific services to meet the individual needs of clients. ...

8. Administrative activities: Medicaid will reimburse 50% of administrative costs, which can be broadly defined. ...

   Administrative costs are easier to bill and recoup than treatment costs and can provide a way to enhance the capacity of local school districts, local health departments, and other community agencies to *identify* and serve high-risk children. For example, the costs of a public health nurse engaged in EPSDT outreach, noticing a parent when it is time for a child to receive screening services, scheduling appointments for the family, and assisting with transportation to appointments and follow-up can all be covered as administrative activities. There is an enhanced rate of 75 % for any administrative activity that must be performed or supervised by a skilled medical professional.

Foster care and adoption assistance. Title IV-E is the, title of the Social Security Act of 1935 that provides funding for state foster care and related expenditures. Children entitled to IV-E reimbursement are those who were eligible for Aid to Families with Dependent Children at the time of their removal from home. or would have been eligible if application had been made. and those for whom proper judicial procedural requirements for protection of children's rights were in place.

Federal reimbursement is provided for three broad categories: (a) out-of-home maintenance costs. including food, clothing, shelter, supervision, and related costs for children in licensed family. group, or institutional care: (b) administrative costs, including such functions as eligibility determination, case planning and management, and referral to service: and (c) training costs. including a wide range of training for child welfare workers, foster parents, and others in the foster care system.

Common ways that states can enhance the amount of federal reimbursement they claim through Title IV-E include extending the use of Title IV-E from the child welfare system (where it is traditionally used) to the mental health and juvenile services area and improving the administration of the program so that a larger number of children are found eligible and a larger range of activities are covered. States tend to underestimate their claims in these areas largely because it is a time consuming process. The CSSP (1991, p. 17), a Washington, DC organization that has worked with states and localities over the past decade to help them restructure and refinance their human service programs, estimated that states could increase their federal reimbursement through Title IV-E by several million dollars simply by taking the administrative steps necessary to certify more poor children as eligible for reimbursement. They estimate that 50% to 70% of children in foster care are eligible for Title IV-E benefits.

Emergency assistance. Title IV-A of the Social Security Act of 1935 provides 50% federal reimbursement for state emergency assistance programs for needy families with children. States have been given wide latitude to define which emergencies are covered in their state plan and what types of assistance can be provided to families. Traditionally, emergency assistance has been used to support economic crises when a shortage of money may lead to an eviction or the shut-off of utilities. A number of states, however, have expanded the definition of emergency to include families who are at imminent risk of having a child removed from home. Under these circumstances. states can claim the costs of such services as family preservation, emergency shelter, and respite care. In these states, the qualifying emergency is defined in the state plan as risk of abuse or neglect or risk of out-of-home placement. Costs of foster care placement for the child can also be claimed when removal and out-of-home care are part of a. emergency response. Administrative costs are also allowable. Some states have defined the investigation work of protective service wolkers as part of the emergency assistance eligibility process. The primary limitation of the use of Title IV-A benefits is that they can only be used once in any 12-month period for a particular family, though they can cover expenses for a 3- to 6-month period.

Decategorizing Funding Streams

... By removing the strings attached to funding by categorical programming, or decategorizing funds, services can be tailored to the child's needs . : . . By decategorizing the funding, workers can select the most appropriate blend of services, rather than the most easily funded. Decisions can be driven by the needs of the child, rather than dictated by funding stream restrictions.

A review of integrated funding models developed in other states by a Minnesota legislative task force (Children's Integrated Fund Task Force, 1993) revealed that integrated funding resulted in better coordination of services, more collaborative working relationships, and improvements in the local service delivery system. Multiagency pooling of currently expended dollars, both public and private, resulted in the ability to leverage greater federal entitlement reimbursements for service-system development and reform than would have been possible through any single agency operating on its own. . . .

Conclusion

. . . This article has described ways that states and communities can find resources to support reforms . . .. Noneof these strategies, however, is easy to implement. Political commitment has to be established and maintained at all levels of government. Frontline workers and managers must be trained. Program staff across agencies and systems must come together to develop new approaches to serve children more holistically .... Administrative mechanisms must be developed, supported, and implemented to maintain the new financing mechanisms. Thus. it is essential that the work of refinancing be closely tied to . . . reform - . . so that refinancing is a means to support a larger vision of long-term fundamental changes in the systems serving children and families, not an end in and of itself.

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About Title XI...

Financing for Schools to Enhance Coordination of Programs and Services to Address Barriers to Learning

Title XI of the Improving Americas Schools Act of 1994 is designed to foster coordinated services to address problems that children face outside the classroom that affect their performance in schools.

Under this provision, school districts, schools, and consortia of schools may use up to 5 percent of the funds they receive under the Elementary and Secondary Education Act (ESEA) to develop, implement, or expand efforts to coordinate services.

The intent is to improve access to social, health, and education programs and services to enable children to achieve in school and to involve parents more fully in their children's education.

Among the barriers cited in the legislation as impeding learning are poor nutrition, unsafe living conditions, physical and sexual abuse, family and gang violence, inadequate health care, unemployment, lack of child care, and substance abuse.

Interested applicants should contact:

Susan Wellman
Program Analyst, Title XI
Elementary and Secondary Education
600 Independence Ave., SW (Portals Room 4400)
Washington, D.C. 20202-6132
(202)260-0984

Several school districts have already initiated efforts under Title XI. You may want to contact either of the following to get a sense of their approach.

Sally Coughlin, Assistant Superintendent
Student Health and Human Services
Los Angeles Unified School District
450 N. Grand Ave.
Los Angeles, CA 90012
(213)625-5635

Jenni Jennings, Coordinator
Youth & Family Centers
Dallas Public Schools
425 Office Parkway
Dallas, TX 75204
(214)827-4343

Funding Opportunities

Promising Medicaid Funding Options for School Mental Health

Anne St. Germaine
Co-Director, Comprehensive Health Services
Seattle School District

The primary mission of school mental health programs is to provide care for uninsured students, while providing all students with a comprehensive range of services. Given the breadth of this mandate, it is no wonder that the major challenge facing these programs is to identify sources of funding. Since school mental health services may still be perceived as peripheral to the state and local mental health system, they are not always deemed automatically eligible or competitive for mainstream funding. Moreover, non-traditional school mental health services, like prevention, are not generally covered by health insurance plans.

Yet, the good news is that there are a number of promising funding opportunities at the federal, state, and local levels. These include not only health care and education budgets, but also foundations, local tax levies, state lotteries, United Way, private donations, and even a possible windfall from an anticipated tobacco settlement. Due to space considerations, only funding streams from Medicaid will be addressed here. Other options will be discussed in subsequent issues of this newsletter.

Medicaid (Title XIX, Social I Security Act)
Medicaid is the major federal program that provides health care for low-income children and families. Federal and state health funds flow through county departments of human services. However, the utility of this funding stream is often hindered by "categorical," "crisis," and "selected entitlement" funding barriers.

The "categorical" funding barrier makes it very difficult to serve children and families comprehensively, since services are directed to the presenting problem rather than to the needs of the family. The "crisis" funding barrier runs counter to the goals of school mental health programs to offer services, not as emergency measures, but rather as supportive of development and learning. The "selected entitlement" barrier allows planners to pay for isolated components of a program for specific children, but is rarely available to support core services for all children.

Another more surmountable funding barrier is the statutory prohibition against Medicaid reimbursement for services provided free to non-Medicaid patients. However, this does not apply to services rendered under the Individuals with Disabilities Education Act (IDEA) or the Maternal and Child Health Block Grant (Title V, Social Security Act). Under Medicaid, programs must document total operating costs to demonstrate that other funding sources, e.g., state or federal grants, where applicable, are not providing for the full cost of care.

Although Medicaid is often viewed as a unified financing program, it actually consists of a set of separately available and authorized benefits. Due to the state match provision, the sets of benefits offered may differ in scope from state to state. The four Medicaid benefit sets that can be used to fund school mental health services are described below, i.e., fee-for-service, managed care (including the mental health "carve-out"), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and administrative match:

Fee-for Service - This is the most common method by which managed care plans pay for school mental health services. Payment rates may be based on Medicaid and EPSDT fee schedules, fixed global visit rates, or a service-specific rate negotiated between the plan and provider.

Managed Care- in some instances, school-based mental health programs are allocated a portion of the per member/per month capitation fee for those students enrolled in a managed care plan. Capitation payments to managed care plans are based on an estimate of what the state would pay for an actuarially equivalent group of people under a fee-for-service arrangement for a given time period. Capitation payments are calculated to cover the cost of all identified care.

Medicaid Mental Health Managed Care "Carve Out" - This provision is for the express purpose of funding managed care organizations that serve the mental health needs of individuals and families. Some states carve out funds by conferring preferential status on select categories of beneficiaries, such as special needs children.-At least one state names school-based health centers as a select category. In other states, service carve-outs include mental health and substance abuse, family planning, and sexually transmitted diseases. Managed care plans tend to oppose carve-outs so as to maintain control over service utilization, while health advocates want to ensure that vulnerable populations are adequately served.

EPSDT- This program provides for the early identification and treatment of health and mental health problems in infants and children. Many states, fearing the costs of a fully enrolled program, do not encourage the full utilization (particularly of treatment services) of this extremely appropriate source of funding.

Medicaid Administrative Match -This involves federal health funds that county health departments may apply for as reimbursement for local money already spent on health services supportive of fee-for-service health care encounters. The process of setting up the reimbursement program and carrying out regular surveys of staff effort is tedious, but the funding can be substantial.

Related Program: State Children as Health Insurance Program (SCHIP) -Medicaid expansion may be included in state plans under this new federal/state grant program.

Many experts in the field believe that school-based mental health services could become self-supporting by way of prepayment or fee-for-service revenues through managed care contracts. Yet, others maintain that because school mental health services have both public health and learning readiness aspects, there will always be a need for support from public/private health and education sources, along with grants and fees. Without enactment of federal, state, and local policy, however, it appears that no single funding source will be the solution to sustaining school mental health programs.

From the Spring 1998 Newsletter ***On the Move with School-Based Mental Health***
Volume 3, Number 1, Center For School Mental Health Assitance (University of Maryland, Baltimore)

From:
Brindis, C., VanLandeghem, K., Kirkpatrick, R., Macdonald, T., & Lee, S. (1999). *Adolescents and the State Children's Health Insurance Program (CHIP): Healthy Options for Meeting the Needs of Adolescents.* Association of Maternal and Child Health Programs, Washington, DC, the University of California, San Francisco Policy Information and Analysis Center for Middle Childhood and Adolescence, and the National Adolescent Health Information Center, San Francisco, CA.

Adolescents and the State Children's Health Insurance Program (CHIP): Healthy Options for Meeting the Needs of Adolescents

Excerpted from ***Preface***

> "...An important caveat: States' implementation of CHIP is rapidly evolving. At the time of [this survey], most states were proceeding with program implementation but continuing to struggle with major issues such as conducting outreach to potentially eligible populations. As such, this publication is a work in progress. The findings represent the "state-of-the-states" in Fall 1998, however we recognize that many states are now further along in their efforts to address the needs of adolescents under CHIP...."

Executive Summary

The State Children's Health Insurance Program (CHIP) presents an important opportunity for meeting the complex health care needs faced by low-income, uninsured adolescents, including those with special needs. Done well, it allows states to diminish financial barriers to care, thus improving adolescents' access to health care services that are developmentally appropriate, meet their health care needs and help to ensure that these adolescents can achieve their full potential as healthy, productive adults.

While CHIP provides states with an unprecedented opportunity to expand health insurance coverage for children and adolescents, health insurance--whether public or private--does not guarantee that youth will actually receive services that can assure their overall health. In order to improve adolescent health, states must establish systems and provider networks that are available, accessible and appropriate. Given adolescents' historically low rates of insurance and service utilization, it will be especially critical for states to design and implement targeted programs that attract, enroll and serve eligible low-income adolescents, particularly those with special health care needs.

Making adolescent health a priority is timely not only because of the passage of CHIP, but also because adolescents are increasing as a percentage of the overall population for the first time in 20 years. It is estimated that the number of young people ages 10-19 will increase by 13 percent between 1995 and 2005, with even greater population growth expected in certain states, such as California, where the increase is projected to be as high as 34 percent (Brindis and Wolfe, 1997). These population projections also point to greater numbers of young people of color, who are more likely to live in poverty, to be uninsured, and to underutilize primary and preventive health care services.

This publication represents a synthesis of interviews with state policymakers in 12 states, reviews of key research and reports, and the experience of the Association of Maternal and Child Health Programs (AMCHP), Policy Information and Analysis Center for

Middle Childhood and Adolescence (Policy Center), and National Adolescent Health Information Center (NAHIC) in adolescent health financing and delivery. While the report only highlights the findings and efforts of 12 states, it represents a window to some of the nation's promising practices for adolescents under CHIP, and some of the challenges that states are facing in enrolling and serving adolescents in their CHIP programs. It is hoped that this report will illuminate the wealth and richness of states' efforts to assure adolescents are included in CHIP implementation and, building on this early experience, provide examples and recommendations for how CHIP programs might be further strengthened to best serve all adolescents, including those with special needs.

The following highlights key findings and recommendations from the study, summarized in broad themes. Readers are strongly encouraged to refer to the complete report for more detailed information regarding state findings and program efforts, examples of state innovations, and more detailed recommendations. In addition, Appendix D provides readers with a list of resources in various areas of CHIP and adolescent health.

HIGHLIGHTS OF KEY FINDINGS

States are responding to the challenge of implementing CHIP with a great deal of creativity and innovation. Particularly encouraging are efforts in the areas of outreach and enrollment, relatively comprehensive benefit packages, and collaborations between a multitude of public, private and community-based partners. Indeed, all states are conducting some form of general outreach and enrollment to adolescents, often utilizing schools and school-based health centers. A majority of states interviewed have also initiated outreach efforts to specifically target at-risk youth.

The states included in this report were covering adolescents, including those with special needs, under the basic benefit package and all were focusing efforts, in varying degrees, on some of the more critical health services needed for adolescents, including reproductive, mental health, substance abuse, and dental services. Reproductive health services, however, continue to be impacted by ongoing political debate and struggles over the perceived need for these services. As might be expected, care for youth with special health care needs under CHIP differs from state to state. Efforts to address the needs of these youth and for at-risk youth are still in the very early stages of development and in need of more comprehensive focus and attention. For example, comprehensive outreach efforts targeted to at-risk adolescents, coupled with attention to how states are actually going to serve these youth, are not fully developed.

While all states are proactively engaging schools and school-based health centers (SBHCs) in outreach and enrollment, fewer are actively engaging SBHCs in their CHIP provider networks or relationships with managed care organizations (MCOs). In fact, states do not appear to have fully leveraged the opportunities presented by CHIP to involve safety net providers, including local health departments, community health centers and SBHCs, in a comprehensive system of care for adolescents, whether through specific contract language or other mechanisms. Few states are yet assuring that adolescent-oriented providers are available and identified under their CHIP programs.

Most states are addressing access issues for all CHIP enrollees but few have identified provisions to reduce barriers to care specifically for adolescents. In particular, confidentiality protections are a key access issue and concern for many states. However, all states are beholden to state confidentiality laws, which in some cases may impede adolescents' access to care.

Finally, most states have not fully established quality assurance mechanisms and evaluation plans under CHIP for all eligible groups, let alone efforts that specifically address adolescents. Nonetheless, most states are encouraging or requiring the use of preventive service guidelines such as those developed by the Maternal and Child Health Bureau (i.e., Bright Futures), the American Academy of Pediatrics, and/or the American Medical Association (i.e., GAPS). On the other hand, few states have established mechanisms for monitoring whether or how they are being implemented.

By all indications, the 12 states interviewed for this study recognize that the unique health needs of low-income adolescents require targeted efforts and expressed intentions to further address this population. Although most states acknowledge that adolescents require special focus and efforts under CHIP, major challenges remain in addressing the unique needs of this population.

Recommendations for Assuring That CHIP Meets the Unique Needs of Adolescents

Benefit Package

- Include age-appropriate clinical preventive services in the benefit package

- Establish age-appropriate periodicity schedules for clinical preventive health visits and update state EPSDT periodicity schedules to reflect prevailing national recommendations for annual well-adolescent exams.

- Establish a comprehensive benefit package that includes mental health, substance abuse, dental, and reproductive health services.

- Provide the same level of coverage for mental health/substance abuse services as for other forms of health care.

Outreach and Enrollment

- Develop CHIP promotional materials that are targeted to adolescents and involve adolescents in the development of such materials.

- Locate outreach efforts and eligibility workers in areas that adolescents frequent.

- Specifically target outreach and enrollment efforts to high-risk youth.

- Train hotline operators to answer questions frequently posed by adolescents.

- Simplify application and enrollment procedures.

Access to Care

- Identify Board-eligible and/or Board-certified Adolescent Medicine Specialists to serve as primary care providers, subspecialty consultants, and referral sources for primary care gatekeepers.

- Encourage adolescent providers who have training and skills in providing care coordination and primary care in reproductive health, mental health, and substance abuse treatment to act as primary care providers for adolescent CHIP enrollees.

- Encourage self-designation as an adolescent provider by those who are committed to working with adolescents.

- Clearly identify adolescent-oriented providers and services in CHIP and health plan marketing materials.

- Educate adolescents and their families about how to access various primary, specialty and sub-specialty services (e.g., enrollment procedures, gatekeeper referrals for specialty care, grievance procedures).

- Do not require that parents include their social security numbers on adolescents' enrollment applications.

- Establish an adolescent "hotline" to provide information to adolescents on how to most effectively enroll for CHIP and utilize CHIP services.

- Establish mechanisms that enable adolescents to select and access their own primary care providers (PCPs) separate from their families, and inform adolescents and family members of this option.

Access to Confidential Services

- Establish procedures to assure confidentiality for services that minors can access without parental consent, including preventive reproductive care; screening for pregnancy, HIV and sexually-transmitted infections; family planning counseling and contraception; treatment for sexually-transmitted infections; and outpatient mental health and substance abuse services.

- Include specific requirements regarding state confidentiality laws in CHIP contracts with MCOs and providers.

- Work with health plans to increase awareness of adolescent health confidentiality laws.

- Educate adolescents about the confidentiality protections available to them.

- Allow adolescents to obtain confidential services without a referral from their primary care provider.

- Design and implement information systems that protect adolescent confidentiality.

- Monitor providers' and health plans' compliance with confidentiality protections for adolescents.

Adolescents with Special Needs

- Establish higher income eligibility ceilings for youth with special health care needs.

- Use risk adjustment methods to ensure that health plans and providers enroll and serve adolescents with special needs.

- Ensure access to a broad range of specialty services, especially mental health and substance abuse services, with reasonable or no cost-sharing.

- Ensure that provider networks established under CHIP include providers with the specialized expertise necessary to treat adolescents with special needs.

- Establish more generous benefits for adolescents with special needs, such as higher spending limits for durable medical equipment and coverage of home visiting and respite care; greater allowable numbers of occupational and physical therapy visits; and greater allowable numbers of inpatient and outpatient mental health and substance abuse services.

- Assure that case managers and care coordinators are trained and knowledgeable about transition programs for adolescents with special health care needs.

- In states where mental health services are provided as a separate program or carveout from the basic CHIP program, develop mechanisms to assure that care is coordinated between the two systems.

- Establish relationships with providers and community-based organizations that serve at-risk youth (e.g., homeless and runaway shelters).

- Build or enhance coordination and linkages between CHIP and other systems that serve adolescents with special needs, including public health, education, social services, juvenile justice, vocational rehabilitation, and adult transition programs.

- Assure that community providers (e.g., school-based health centers, family planning clinics, local health departments, and federally qualified health centers (FQHCs)) are deemed essential community providers.

- Involve at-risk adolescents and adolescents with special health care needs, as well as their families, in key areas of CHIP design and implementation, including outreach and enrollment, benefit package, and quality assurance.

School-Based/School-Linked Health Centers

- In contracts with managed care organizations (MCOs), include requirements that MCOs include SBHCs and other adolescent safety net providers in their provider networks.

- For states that do not want to impose sub-contracting requirements on MCOs, consider "carving out" SBHC services or a subset of these services and reimbursing SBHCs for serving CHIP enrollees on a fee-for-service basis.

- For states that do not do so at present, consider supporting SBHCs through state Title V or other programs.

- States should ensure that CHIP funds are not used to subsidize services under other federal programs such as the Individuals with Disabilities Education Act (IDEA).

Assuring Quality Care

- Incorporate adolescent-specific professional guidelines for clinical preventive services such as GAPS and Bright Futures.

- Establish quality assurance measures and systems that pay specific attention to adolescents and their unique needs.

- Use data from the quality assurance process to help adolescents and their families select health plans and providers; to encourage competition and quality improvement; to shape contracts and contract decisions; and to adjust subsidies, benefits, contracts, and enrollment procedures so that CHIP programs best meet the needs of eligible adolescents.

- Establish a clearinghouse of materials for states to use in designing and implementing quality assurance activities.

Evaluation

- Build on existing measures, tools and systems to implement evaluation strategies that are feasible.

- Develop comprehensive measurement tools that emphasize health and wellness across the continuum of care using a wide range of methods, including: practice guidelines, satisfaction surveys, performance measures, internal quality improvement systems, external quality reviews, accreditation of health plans, credentialing of providers, and consumer protections.

- Involve adolescents, families, advocacy organizations, providers and other stakeholders in program evaluation.

- Conduct periodic evaluations that measure and report comparisons with baseline information and among subgroups by age, gender, race/ethnicity, household income, region, provider, and health plan.

- Track adolescents' enrollment, disenrollment and use of services within CHIP and other systems of care.

- Create partnerships between state Medicaid and public health agencies, including state Title V MCH/CSHCN programs, in order to build expertise and maximize the use of data that states are already collecting.

Linkages with Other Programs and Systems

- Develop or strengthen linkages between the state's CHIP program and other state and local health agencies and community-based health programs that serve adolescents, including Title V MCH/CSHCN, family planning, mental health, substance abuse, school-based/school-linked health centers, local health departments, and federally-qualified health centers.

- Establish linkages between state CHIP programs and non-health agencies and programs, including social services, education, and youth-serving organizations.

- Ensure that clear, uniform processes are established and/or maintained that link adolescents to needed community-based services and provide appropriate coordination and follow-up.

- Ensure that MCOs have developed linkages to public health agencies, social services, education systems, and essential community-based providers.

Although not directly addressed in much of this document, maintaining and utilizing a sufficient and comprehensive cadre of providers that are trained in adolescent health and sensitive to adolescent needs is central to the premise that CHIP can improve the health of adolescents. Even if all adolescents were covered by health insurance, states would need to continue their efforts to build and support systems that are responsive--even proactive--to adolescent needs.
Our study indicates that few states are assuring that adolescent-oriented providers are identified and available under their CHIP programs. This may be attributable, in part, to the fact that few health care providers specialize in adolescent health, and that most medical providers are inadequately trained to recognize adolescent health problems whose origins may be primarily psychosocial instead of physical.

Additionally, it is important to note that with the rapid conversion in the U.S. health care system to managed care, states and advocates for adolescents might want to focus their efforts on making managed care organizations more responsive to the needs of adolescents, and particularly the underserved adolescents now eligible for state CHIP programs. They should also work to ensure that capitation rates paid to health plans and providers are sufficient to cover the comprehensive range of services needed by adolescents, especially those with special needs. Given the generous federal match available to states for their CHIP expenditures, it is critical that policymakers and program administrators balance the desire to hold down costs with appropriate incentives for providing high-quality, accessible care to eligible adolescents.

Finally, CHIP will not resolve larger issues regarding access to care and health insurance coverage for a large number of adolescents and young adults who will not be reached by this program. The Society for Adolescent Medicine, for example, defines adolescence to include individuals ages 10-25; CHIP and other public health insurance programs, however, frequently establish eligibility ceilings at age 18 or younger. And yet, in 1996, almost 30 percent of 18-24 year-olds were not covered by any public or private health insurance (U.S. Bureau of the Census, 1998).

Indeed, those who are over 19, whose family incomes exceed state eligibility ceilings, or who face other barriers to coverage, are not well-served by CHIP; nor are the millions of adolescents with private insurance that omits or limits coverage for the services they need most. Short of enacting a universal health insurance system, covering these teens will require ongoing creativity and resources from states, territories and the federal government.

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The LEWIN GROUP

Literature Review:

Key Issues for School-Based Health Centers Providing Mental Health Environment

Client: Center for Mental Health Services
Substance Abuse and Mental Health
Services Administration
Produced in Coordination with WESTAT

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San Francisco , California
Boston, Massachusetts

1. Executive Summary

Medicaid is a vital source of funding for both health and mental health services for low-income children. As Medicaid managed care proliferates, school-based health centers (SBHCs), which challenge. Many SBHCs are finding it imperative to create formal linkages with managed care entities in order to secure and increase their current sources of revenue. Within this unnecessary or peripheral. As SBHCs attempt to incorporate their practices into a managed care environment, several key questions emerge, including:

- To what degree are managed care plans willing to coordinate with SBHCs;
- Will agreements between managed care entities and SBHCs have any effect on the access to and delivery of mental health care;
- Are SBHCs equipped to negotiate with managed care entities; and utilized by SBHCs?
- Are the funds available for school-based mental health services that are currently underutilized by SBHCs?

This literature review is part of a larger study on the effects of managed care on mental health services provided within school-based and school-linked health centers. It discusses several key issues discussed in the literature and highlights many of the pervasive policy questions that have yet to be addressed.

The following is a summary of the findings from the literature review and of the critical issues facing school-based health centers as they try to form linkages with managed care organizations.

Background

- ♦ There are currently 1,154 SBHCs within the United States. A 1998 national survey of state SBHC initiatives shows a dramatic increase in the number of school health centers across the school-age children's access to health care (The Kaiser Commission on Medicaid and the Uninsured).

- The majority of SBHCs are located in urban areas: 59% of school-based health centers are located in urban regions, 27.9% were located in rural areas, and 13.1% were located in In additional, SBHCs are more commonly found in secondary schools (Advocates for Youth, 1998).

- School districts use a variety of personnel to address mental health needs. Most school-based mental health programs fall into one of three categories: (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and system, and (3) enhancement of connections with community resources (Adelman and Taylor, in press).

Access and Utilization

- The range of mental health services offered at SBHCs varies considerably from center to center. However, the majority of SBHCs offer crisis intervention (80%), case management (62%), and comprehensive individual treatment (57%). Such services are more frequently offered in urban and suburban areas than in rural settings (Advocates for Youth, 1998).

- The educational system has a stake in assuring that children receive the mental health services they require, not only because healthy children are easier for teachers and administrators to instrust, but also because mental health has a direct effect on a child's potential to learn (Center for the Future of Children, 1992; WHO, 1994).

- Adolescents enrolled in a managed care plan with access to a SBHC were ten times more likely to make a mental health or substance abuse-related visit to the SBHC than those without access to a SBHC. Overall, 97% of the mental health and 100% of the substance abuse diagnoses among both groups were made at a school-based clinic (Kaplan, et al., 1998).

Contracting and the Role of SBHCs in a Managed Care Environment

- Several studies have been undertaken to document the types of contractual and quasi identified to date seem to have developed in response to state regulatory or contractual requirements. Current models include required contracting, required coordination, and encouraged coordination. These represent varying levels of state regulatory requirements for relationships between managed care plans and SBHCs.

- Currently, 28% of SBHCs have formed relationships with managed care entities. Such relationships are generally (87%) formed when the SBHC is located in an urban setting (Advocates for Youth, 1998). The roles that SBHCs adopt vary considerably, but can be generally categorized into three types of arrangements: full primary care provider, specialty care provider, and co-manager of primary care.

- There are considerable communications and legal obstacles to overcome before SBHCs and managed care entities can successfully work together. Since few free-standing SBHCs have the experience or authority to negotiate with health plans, they may be reluctant to pursue addition, capitation rates paid to Medicaid managed care plans are usually based on the historical rates of enrollee utilization by demographic group. If adolescents typically under capitation rates paid to SBHCs to cover treatment costs may be relatively low (Health Systems Research, Inc. 1995) .

Financing of School-Based/Linked Health Care Services

- The most common sources of funding for SBHCs include: Medicaid (non-EPSDT), EPSDT, Title V (Maternal and Child Health Block Grant), private non-HMO insurance, and patient contributions (Advocates for Youth, 1998)

- SBHCs are eligible to receive reimbursement from Medicaid in 38 states, and only seven states prohibit such reimbursement. In addition, 28 states allow SHBCs to seek reimbursement from the State Child Health Insurance Program (SCHIP), while 12 states do not allow centers to seek SCHIP payments (Making The Grade, 1998). The prohibition against seeking Medicaid and SCHIP funding is most likely related to federal accounting and procedural regulations governing reimbursements. States must demonstrate that other resources of funding, such as educational, are not paying for the Medicaid and SCHIP services cumbersome and therefore prohibit SBHC from utilizing these sources.

- Despite the high need for mental health services, a large percentage of these treatments are not currently reimbursable through Medicaid or other forms of third-party, cost-based reimbursement. Other sources of funding for mental health services include: the Community mental Health Block Grant, the Substance Abuse Prevention and Treatment Block Grant, state contributions, funding from the Individuals with Disabilities Education Act (IDEA), and support from Community Mental Health Centers (Barnett, 1998). No literature was available specific to mental health services that indicates either the amount or percentage available for each of the aforementioned sources.

Funding Source	Elgibility Criteria	Legislative/Regulatory Requirements
Individuals with Disabilites Education Act (IDEA)	Children ages 3-21 within one of 13 specific categories (including mental retardation and serious emotional disturbance) of disability and who need special education and related services	♦ Development of an Individualized Education Program (IEP) ♦ Comprehensive evaluation every 3 years
Title V: Maternal and Child Health Services Block Grant	Children, adolescents, pregnant women. Emphazises, but does not require serving low-income children and pregnant women.	♦ At least 30% must be spent on preventive and primary care for children ♦ At least 30% for community based care for children with special needs
Community Mental Health Services Block Grant	Children must have serious emotional disturbance to be eligible. Serious emotional disturbance is defined in regulations.	♦ For children, a mental health services plan must be created to provide for an intergrated system of servicelinked to a defined geographic area that includes education, substance abuse, health, juvenile and social services, and mental healtl care. ♦ CMHS funds can only spent on the community-based mental health services portion of the plan ♦ Funds are only available to community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer directed programs.
Medicaid (Title XIX)	Eligibility criteria includes: TANF population, SSI population, and mandatory coverage of all children whose family income is at or below 100% of the federal poverty line.	♦ Scope of services provided varies from state to state. Often SBHCs offer a broader array of services than those traditionally covered by Medicaid. ♦ Providers must be certified by the state to be deemed an eligible provider. ♦ With some exceptions, federal reimbursement is not available for non-Medicaid eligible individuals.
Early Periodic Screening, Diagnisis, and Treatment Program (EPSDT)	Medicaid eligible individual under the age of 21.	♦ Establishment of medically resonable periodic schedules to determine when screening should occur.
Section 330 of the Public Health Service Act: Community Health Centers	"Medically underserved" populations defined as residents of urban or rural area that has a shortage of personal health services (further defined in regulations)	♦ Funds can be used by a community health center to sponsor a SBHC, but usually d not go directly to a SBHC. ♦ Must serve all residents in a defined catchment area ♦ Extensive array of services must be available ♦ Collection of fees from liable third-party payers and clients must be attempted ♦ Center must have a governing board of 9 to 25 members, half of whom are people serves by the center. ♦ Services must be available promptly in a way that insures continuity, including arrangements for after hours care. ♦ On-going quality assurance program

Issues in Financing School-Based Health Centers:
A Guide for State Officials
September 1995

Prepared by:
Making the Grade National Program Office
The George Washington University
Washington, DC

Rosenberg & Associates
Point Richmond, California

Financing School-Based Health Centers

A guide for state officials regarding financial issues related to school-based health centers was prepared as part of the Making the Grade initiative and circulated in September 1995. (Issues in Financing School-Based Health Centers: A Guide for State Officials. September 1995). Prepared by: *Making the Grade* National Program Office, the George Washington University, Washinhgton, D.C. (http://www.gwu.edu/~mtg/sbhcs/papers/issues-financing.htm)

The document begins with the following note of concern:

> *Despite the recent, unprecedented growth of school-based health centers and the related increased support from state governments, the future of school-based health centers is uncertain. Proposed cut-backs in government spending may limit previously available public health dollars and state governments that intend to include school-based health centers in their health care networks for school-age children must now determine how to ensure financing for those centers.*
>
> *Given the fiscally conservative climate in Washington, DC., states cannot rely on federal grant initiatives, federal protection for cost-based reimbursement, or federal mandates for inclusion of school-based health center programs in Medicaid managed care arrangements. Nor can the states rely on private insurance or other commercial sources to support the centers. The expansion of privately financed managed care and the continuation of ERISA exclusions has eroded opportunities to enlist private dollars in support of school-based health centers. Each state must develop its own approach to supporting the centers.*

The document then provides some background on school-based health centers, discusses difficulties in financing them through third-party payments, explores other recent events that negatively affect their funding, and clarifies the importance of how centers are defined as related to financing policy. The paper concludes with the following presentation:

Financing School-Based Health Centers

Background

Since the first comprehensive school-based health centers were established in the early 1970s, states and localities have increasingly looked to schools as reasonable and innovative sites for assuring access to health care for children and adolescents. Between 1985 and 1992, the number of such programs around the nation grew from 40 to more than 400. According to a national survey conducted by the Making the Grade National Program Office, by 1994 there were 607 school-based health centers in 41 states and the District of Columbia (see figure 1, page 6). Nearly half of these programs are located in high schools and over one quarter are located in elementary schools (Schlitt, et. al., 1995). Fueling the recent exponential growth of the centers has been the development of a number of state government initiatives to support school-based health center programs.

At present, most states fund school-based health centers through grant programs that draw from either Maternal and Child Health (MCH) block grant dollars or state general funds. The *Making the Grade* survey found that in school year 1993-1994, 32 states allocated an estimated $38.8 million to local governments or health care institutions to support the centers. Twenty-five states allocated $12 million in MCH dollars to school-based health centers, while another group of 25 states appropriated $22.3 million in general fund support for the centers (see figure 2, page 6). Three states designated funds from the US Department of Education's "Drug Free Schools and Communities" program. Illinois is the only state that commits a portion of its federal Social Services block grant, Title XX, to its school-based health center program. Several states, including California, Florida, Louisiana, Massachusetts, and Missouri, fund their school-based initiatives through special taxes, such as supplemental sales taxes and tobacco excise taxes.

Other major funding for school-based health centers comes from federal grants, private foundations, and local dollars. Since the *Making the Grade* survey, 27 centers have received grants from the federal Bureau of Primary Care. Private foundation initiatives in Connecticut and Michigan are investing an additional $6 million in centers in those states. The Robert Wood Johnson Foundation will provide nearly $18 million for school-based health centers through its national program, *Making the Grade: State and Local Partnerships to Establish School-Based Health Centers.*

Strategies to fund school-based health centers: Alternative reimbursement models.

Once the state has defined a school-based health center provider-type by identifying the community to be served and the services to be provided, the state must then address how the school-based health centers will be paid for their services. In so doing, the distinction between local and state perspectives must be considered. The individual school-based health center or its sponsor is responsible for covering its operating costs; the full range of alternatives from contracts with managed care plans to fee-for-service billing to categorical grant initiatives and in-kind contributions must be explored. Regardless of its creativity and energetic pursuit of financing, however, the health center's access to financial support will be determined, in great part, by decisions at the state level.

The level of state support for school-based health centers is a function of the combined decisions of all the state agencies that agree to participate in supporting care provided by the centers. It is therefore important that the broadest range of decision-makers sit at the table when determining what resources can be applied to school-based health centers. In general, the key participants will include the Medicaid director, the Commissioner of Public Health, the Superintendent of Schools, the Commissioner of Mental Health and, perhaps, the

Insurance Commissioner. If special health care reform offices have been established, their involvement is essential as well.

To assure stable long-term financing for school-based health center programs, resolution of the following issues is critical: Should payment to the centers be on a fee-for-service basis? How are uninsured students to be covered? How can this program fit with managed care? Should state-supported programs be paid only through Medicaid, and if so, should they serve only the Medicaid-eligible population? Experience has shown that whichever model the state chooses to adopt must be accepted and supported at every level of state government.

There are a limited number of approaches for paying school-based health centers for the care they provide to designated populations. These include a regulatory approach, a market approach, and a "pooled fund" approach.

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A regulatory approach

Under this approach, the state through its regulatory process defines the school-based health center provider-type, including the establishment of targeting criteria and services to be provided, and mandates that Medicaid managed care plans (and/ or potentially all licensed insurers in the state) pay the provider-type for services provided to their enrollees at a stipulated rate determined to cover the costs of providing that care.

This approach is not dissimilar to some existing provisions under managed care. For example, family planning services are often "carved out" from the primary care contracts of Medicaid managed care providers. That is, although family planning is a covered benefit for which the managed care plan is responsible, enrollees may obtain family planning services outside the plan without going through their primary care "gatekeeper." The managed care organization excludes family planning services from the per capita payment to the primary care provider, and pays the family planning organization on a fee-for-service basis. This is done because all parties want enrollees to have free access to family planning services, which would be less likely to occur if pre-approval were needed from the primary care gatekeeper.

The regulatory approach has several benefits: it provides stable funding; it defines and codifies the school-based health care model; and it allows the state to determine the scope and breadth of the program. It also fits well within the traditional role of government in serving the low-income population. The necessary technology exists to implement the approach, since the centers will be serving in an established role, that is, they will operate as vendors to managed care plans.

There are also drawbacks: The percentage of school-age children for whom a school-based health center would receive payment under such an approach must be carefully assessed. Because states may lack adequate regulatory authority over self-insured plans (approximately half of all insured employees and dependents are insured through self-insured plans), the financing of school-based health centers will be largely dependent on Medicaid and other insurance plans regulated by the state. If only a small number of students are covered under Medicaid and other state-regulated plans, funding for the centers from this source will necessarily be limited.

From the perspective of the school-based health center, the regulatory approach calls for considerable administrative effort. The center will need to identify the managed care plan in which the student is enrolled (in general it is the parent, rather than the child, who is the direct enrollee, making identification sometimes very difficult). The center must then obtain all necessary billing numbers and generate a bill that meets the needs of the managed care plan. The problems faced by Medicaid managed care programs in managing the Medicaid population will be passed on to the center, and are likely to become magnified in the process. Notification of plan enrollment change by the parent may not be accomplished smoothly, and the problem of eligibility may become even more difficult. Representatives of Medicaid managed care plans complain that their greatest problem arises from involuntary disenrollment through loss of eligibility, which often affects 50 percent of their covered population annually.

Other complex problems may arise in a Medicaid managed care plan, including possible limitations on mental health services providers, and an unwillingness to reimburse for services of clinical social workers, who often play a major role in school-based health care. Moreover, the managed care plan may limit the number of outpatient mental health visits, or may require (as in New York State) that after 10 such visits the patient's care is shifted to a mental health managed care provider.

Lastly, to participate efficiently within a managed care system, school-based health centers will need medical billing capability and full understanding of the complexities of health care accounting practices.

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A market approach

Under the market approach, rather than identifying and certifying the school-based health center as an essential provider-type, the state would define the function of the school-based health center as an essential service. That is, the state would specify that if a managed care organization is authorized to serve an area with more than a certain percent of Medicaid enrollment, it must provide school-based health care services as part of its Medicaid contract.

Using this approach, it would be possible for managed care organizations to work collaboratively with community schools to ensure a sound, well-organized program. Collaboration, however, is by no means guaranteed. Several centers might be organized by competing plans in schools that are in close proximity to one another. Will the centers serve students who are not enrolled in the sponsoring plan? Indeed, there are a number of potential problems, including neglecting the sensitivities of the school itself. Some schools may not want a center either for political reasons or due to space scarcity. The issue of governance is also likely to be problematic: who would own the center and could it be owned by one plan, or by several together?

The question of accountability also arises. To whom would the managed care organization be accountable, and for what? Could students vote with their feet and obtain services elsewhere? Hypothetically, unless the managed care organization is held accountable for the services it provides via school-based health center standards, the plans may find it in their best interest to limit resources and make the program extremely unattractive. Without accountability, there will be limited acceptance of responsibility for the needs of the student, and an idiosyncratic program may well develop.

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A "pooled fund" approach

Under the pooled funding approach, the state assumes direct responsibility for the program, and funds it via a global budget paid directly to each center. The state determines the centers' operating cost and creates a fund to pay for a specific number of centers by pooling money from a variety of sources. These include Medicaid funds obtained under 1115 waivers, federal maternal and child health funds, state general revenue support, foundation grants, and other related funds available through education and human services. By the state pooling these funds together, matching federal Medicaid funds under the terms of the 1115 waiver could be obtained. The project could then be administered by an appropriate state agency in accordance with defined targeting criteria and service levels as previously discussed.

In 1991, the New York legislature considered a variation of this approach. As reported by Christel Brellochs, proposed legislation sought "to take advantage of disproportionate share allowance provisions of the federal Medicaid program by designating the $3 million in State funds allocated to school-based health centers as the state contributions to Medicaid. If this amount were matched by local (25%) and federal (50%) shares, approximately $10 million would be generated for the school-based health centers. Combined with the Title V allocation of $3.5 million, a total of $13.5 million would be available to fund school-based or school-linked services." The proposal was rejected by the New York Senate as a result of end-of-session politicking, but the New York experience suggests the possibility of this approach (Brellochs, 1992).

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The model, however, has not been implemented in any state. As a result, there are a number of issues that will need to be resolved. The state must be able to monitor the management of global budgets by the centers to assure efficient operation. Incentives for optimum utility must be incorporated so that if a center's utilization rate is lower, it receives a smaller budget. At present, there are limited data available to inform the establishment of an appropriate budget based on utilization (that is, we don't currently know, in a high school of, for example, 1,000 students, what the normative budget for a school-based health center should be, or what might impact on that budget in terms of making it larger or smaller).

A major attraction of this approach is that currently-available funds, such as the Maternal and Child Health block grant program and private foundation grant awards such as those from the Robert Wood Johnson Foundation, the Kellogg Foundation, and the William Caspar Graustein Memorial Fund could be used to learn more about how to organize this kind of program and manage global budgets efficiently. It would then be possible to "carve out" the services and finances from state-sponsored Medicaid managed care programs, and continue the program as a direct state-supported operation with an appropriate global budget. The learning period could also be used to continue to build solid community support for the program. This includes working with the schools to assure their perception of ownership and working with community providers to develop sound referral relationships, an essential requirement for collaborating with managed care programs.

It seems as if we can see the future for school-based health center programs, as for all other health care endeavors, only in a glass darkly. Nonetheless, it seems possible that this kind of globally-budgeted program, funded by the state through pooling a variety of resources, may provide a sound interim step in learning not only how to fund the program for the longer term, but also how to implement it effectively through well-developed targeting and service criteria.

A comparative analysis of the three long-term financing approaches is summarized in Table 3.

Table 3. Alternative Reimbursement Models For State-Sponsored School-Based Health Center Programs

	Regulatory Model	**Market Model**	**Pooled Fund**
Accountability	Must meet state-defined criteria	Unclear	Managed by state dept. of health
Payment Mechanisms	State-stipulated per-unit rate (fee-for-service)	Determined by market	State-determined global budget
Administrative Burdens	High for all parties: state, centers and managed care plans	Low for states; market determines for managed care plans	Mid-level for states; minimal for centers and managed care plans
Student Evaluation	Choice limited to enrollment opportunities under Medicaid managed care	Unclear	State accountability process must include student assessment

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III. A Quick Overview of Some Basic Resources

A. Selected References

Spotlighted Resources:

- Philanthropy News Digest from the Foundation Center
- Snapshot from SAMHSA
- Policymaker Partnership for Implementating IDEA

B. Agencies, Organizations, and Internet Sites

Spotlighted Resources:

- QuickFind
- The School Health Program Finance Project Database
- The Finance Project
- A Grantseeker's Resource Guide

C. Model Programs for Financing Programs/Services to Address Barriers to Learning

D. Some Names from Our Consultation Cadre

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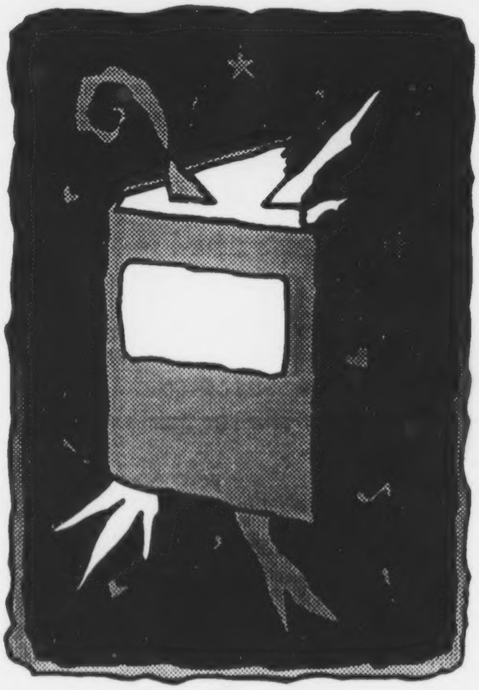
Philanthropy News Digest (PND)

from the *Foundation Center*



The **Foundation Center** is an independent nonprofit information clearinghouse established in 1956. The Center's mission is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. The audiences that call on the Center's resources include grantseekers, grantmakers, researchers, policymakers, the media, and the general public.

http://fdncenter.org/

For general information about Foundation Center publications and services, please contact:

The Foundation Center
79 Fifth Avenue/16th Street
New York, NY 10003-3076
Tel: (212) 620-4230 or (800) 424-9836
Fax: (212) 807-3677

Philanthropy News Digest (PND), a weekly news service of the Foundation Center, is a compendium, in digest form, of philanthropy-related articles and features culled from print and electronic media outlets nationwide. The Digest is posted to the Foundation Center's Web site every Tuesday afternoon. http://fdncenter.org/pnd/aboutpnd.html

Philanthropy-related reference questions and questions about the grantseeking process should be directed to our online librarian at library@fdncenter.org.

Snapshot from SAMHSA

Snapshot is a new series dedicated to simplifying and amplifying information about SAMHSA's grant programs. Service providers, state and local substance abuse and mental health administrators, educators, consumers and family organizations will find that Snapshot provides all the information they need about SAMHSA's grant programs in one readable and compact source.

Snapshot details all of SAMHSA's planned FY 2000 Guidance for Applications (GFAs) from the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment. In addition to eligibility criteria, project descriptions, and funding priorities, readers will find information about anticipated announcement, receipt and award dates for each GFA.

> While some changes may occur in the scope and emphasis of some of the grant announcements between today and their publication in the Federal Register and on line at the SAMHSA web site, the agency hopes that this installment of Snapshot will stimulate the field, encourage new grant applicants, and build stronger and more competitive applications.

Snapshot is available at no cost from SAMHSA.

> Send an e-mail to **snapshot@samhsa.gov**; a copy will be mailed to you or check the SAMHSA website **www.samhsa.gov** for a copy.
>
> Alternatively, call or fax SAMHSA's Division of Extramural Activities, Policy, and Review (**Phone (301)443-4266; Fax (301)443-1587**).

The Policymaker Partnership for Implementing IDEA

IDEA Related: Finance

The Policymaker Partnership is one of four linked projects funded by the United States Department of Education's Office of Special Education Programs.

TITLE: **Education Budget Alert for Fiscal Year 2000**
EDITOR(s): Michael Pons
SUMMARY: This report is the most comprehensive source available on federal education programs. It is a useful database on programs with authors and contact listed for more detailed information.
PUBLISHER: Committee for Education Funding (202)383-0083
DATE: 1999

TITLE: **Strategies for Linking School Finance and Students' Opportunity to Learn**
AUTHOR(s): Patricia Brown; Robert Berne, Willian H. Clune, Linda Darling-Hammond, Allan R. Odden, Jeanne Allen, Andrew C. Porter
SUMMARY: This report on school finance and opportunity to learn addresses the issue of creating quality education programs in all districts and schools throughout a state. It strives to assist states in their efforts to integrate the elements of their education systems into a coherent system focused on student achievement. Various strategies are highlighted.
PUBLISHER: National Governors' Association
DATE: 1995

TITLE: **Making Better Decisions About Funding School Facilities**
AUTHOR(s): Amy Anderson, John Augenblick, John Meyers, Julie O'Brien
SUMMARY: This report examines an issue on the minds of many policymakers – what to do about deteriorating or outdated buildings, particularly in a time of expanding technological needs and enrollment shifts. It discusses what options are available for policymakers in states where school facilities need improvement and how various states have handled the problem of funding facilities. It identifies the major decision points for policymakers addressing this issue, key questions to consider as part of the policymaking process, and examples of strategies used by states across the country.
PUBLISHER: Education Commission of the States
DATE: 1998
PRICE: Free on line /$6.50 hard copy

TITLE: **Comprehensive School Reform: Allocating Federal Funds**
SUMMARY: This report is designed to assist states as they develop their process for allocating funds to schools. The suggested components of a state allocation process are based on research and extensive field experience with successfully implementing comprehensive school reform models.
PUBLISHER: Education Commission of the States
DATE: 1998
PRICE: $2.50

TITLE: **Emerging Issues in Charter School Financing**
AUTHOR(s): Louann A. Bierlein, Mary F. Fulton
SUMMARY: This policy brief describes how to improve the public education system through choice options. It identifies critical funding concerns state leaders must address as they consider writing, enacting and implementing charter schools legislation.
PUBLISHER: Education Commission of the States
DATE: 1996
PRICE: $2.00

TITLE: **Selected Papers in School Finance 1997-99**
SUMMARY: These commissioned papers address advances in measuring inflation and adjusting for it; the emergence of a new focus upon spending at the school level; new, private sources of funding for public education; and a review of the state of the art of assessing educational productivity.

- Adjusting for Differences in Costs of Educational Inputs
  - Eric a Hanushek
- An Alternative Measure of Inflation in Teacher Salaries
  - Dan Goldhaber
- School Districts and Spending in Schools
  - Amy Ellen Schwartz
- New revenues for Public Schools: Alternatives to Broad-Based Taxes
  - Michael F. Addonizio
- Modern Education Productivity Research: Emerging Implications for the Financing of Education
  - David H. Monk and Jennifer King Rice

PUBLISHER: National Center for Education Statistics

TITLE: **Principles of a Sound State School Finance System**
AUTHOR(s): The Education Partners of the Foundation for State Legislatures
SUMMARY: A third of states' budgets go for K-12 education, so they must give careful thought to how that money is spent. Although one funding formula is not right for all states, some basic principles underlie sound state school finance systems. The Education Partners of the Foundation for State Legislatures - legislators, legislative staff and representatives of business and industry - lay out these principles for policymakers.
PUBLISHER: National Conference of State Legislatures
DATE: 1996
PRICE: $20

TITLE: **Financing Student Success: Beyond Equity and Adequacy**
AUTHOR(s): NASBE Study Group on Funding Education in the 21st Century
SUMMARY: This Study Group Report calls on states to go beyond traditional tinkering with financing formulas and instead look systematically at the relationship between funding and what it will take to achieve the state's education goals. The report also recommends that policymakers use financial resources to improve student learning by developing and implementing a strategic plan for targeting financial investments to strategies that are proven to increase the capacity of the education system.
PUBLISHER: National Association of State Boards of Education
DATE: 1997
PRICE: $10.00

TITLE: **Rural Education: What's Down the Road for Schools**
EDITOR(s): David Kysilko
SUMMARY: This background report examines three issues critical to rural schools today-consolidation and its alternatives, financing rural schools and districts, and the impact and promise of technology for rural education- and provides policy options and questions to consider for decision-makers and administrators. There is also a special supplement providing a snapshot of the condition of rural children and youth in terms of health and socioeconomic status.
PUBLISHER: National Association of State Boards of Education
DATE: 1996
PRICE: $10.00

TITLE: **School-Based Funding: Linking Education Finance with School Reform** (Audiocassette)
AUTHOR(s): Alan Odden
SUMMARY: Finance expert Allen Odden proposes a decentralized management that gives much more money- along with increased authority and responsibility-directly to schools. Dealing with far more than just finance, this tape provides a new vision for a system that combines broad-based goals and policies with local decision-making.
PUBLISHER: National Association of State Boards of Education
DATE: 1993
PRICE: $9.00

TITLE: **School-Based Health Centers: Bringing Health Care to Kids**
AUTHOR(s): Brooke Davidson, Barbara Wright
SUMMARY: State legislatures across the country are faced with the problem of providing health care for uninsured children. School-based health centers offer one option. This videotape discusses what school-based health centers are, who they serve, services they provide, financing and the role of state legislatures. Companion booklet includes charts and an outline of the video.
PUBLISHER: National Conference of State Legislatures
DATE: 1998
PRICE: $30

IIIB. AGENCIES, ORGANIZATIONS & INTERNET SITES

The following is a list of agencies, organizations and sites on the World Wide Web that offer information and resources related to financing school mental health services. The Internet provides a major tool for identifying many funding opportunities and offers access to helpful documents and organizations that share expertise related to relevant financial strategies. This list is not a comprehensive list, but is meant to highlight some premier resources and serve as a beginning for your search.

The Internet is a useful tool for finding some basic resources. For a start, try using a search engine such as Yahoo and typing in the words "funding and mental health" or "grants and schools". "Financing" is probably too general. Frequently if you find one useful Webpage it will have links to other organizations with similar topics of research.

This list last updated 3/2000

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1. Accessing Information through Sites Compiling Information on Funding Opportunities

Catalog of Federal Domestic Assistance –
www.cfda.gov/

The Catalog of Federal Domestic Assistance is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public. It details every federal grant, including description, eligibility, deadlines, and award procedures. It contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government. To directly do an online search, go to -- http://www.cfda.gov/public/faprs.asp -- The catalogue can be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington D. C. 20402, 202-512-1800.

Federal Register – http://ww1.access.gpo.gov/GPOAccess/sitesearch/su_docs_aces/desc004.html

The Federal Register is the "main" resource listing federal funding opportunities. It is published Monday through Friday, except Federal holidays. The current year's Federal Register database is updated daily by 6 a.m. Documents are available as ASCII text and Adobe Acrobat Portable Document Format (PDF) files.

Notices of Funding Availability –
http://ocd.usda.gov/nofa.htm

Notices of Funding Availability (NOFAs) are announcements that appear in the Federal Register, printed each business day by the United States government, inviting applications for Federal grant programs. This page allows you to generate a customized listing of NOFAs.

School Health Program Finance Project Database – http://www2.cdc.gov/nccdphp/shpfp/index.asp

Designed to share with staff in local school districts practical information about how they can acquire funds for developing and improving various components of school health programs. SHPFP staff 1) compiles and organizes information about funding sources, including information about eligibility and application requirements; 2) tracks and updates changes in funding availability, legislation, and administrative regulations that may change these sources and requirements; 3) makes such information accessible to relevant organizations and individuals through electronic online information channels; 4) works with relevant organizations to help national, state, and local staff learn how to use the information; and 5) publishes reports about the evolving availability and nature of the diverse funding sources. The School Health Program Finance Project searchable database contains information on federal, foundation, and state-specific funding sources for school health programs.

TENET's Educational Grant Programs Webpage – http://www.tenet.edu/announce/grant.html#Fed

Provides a sampling of major federal education grant programs with links to specific agencies.

School Grants –
http://www.schoolgrants.org/grant_opps.htm

Posts all types of grants for schools, teachers, and students. Provides links to federal and state agencies and foundations (http://www.schoolgrants.org/Links/links.htm)

The Finance Project –
http://www.financeproject.org

The Finance Project is a national initiative to create knowledge and share information that will lead to the improved well-being of children, families, and communities. The Finance Project develops working papers and other tools and products, convenes meetings, roundtables, and forums, and conducts technical assistance activities. Their website lists New Initiatives and Project Descriptions and publications & resources such as: *Federal Financing Issues and Options; State & Local Financing Issues and Options; Financing Comprehensive, Community-based Supports, and Services; Results-based Planning, Budgeting, Management, and Accountability Issues; Financing Early Childhood Supports and Services; School Finance Issues*

The Finance Project also hosts the Welfare Information Network, a valuable source of information regarding welfare, income security, and welfare to work programs – http://www.welfareinfo.org/

The Foundation Center
http://fdncenter.org/

The mission of the Foundation Center is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. It publishes the *Philanthropy News Digest*, a weekly listing of requests for proposals (RFPs) from U.S. grantmakers. (See -- http://fdncenter.org/pnd/current/index.html)

GrantsWeb
http://www.research.sunysb.edu/research/kirby.html#index

GrantsWeb is a starting point for accessing grants-related information and resources on the Internet. GrantsWeb organizes links to grants-related Internet sites and resources, including funding opportunities, grants data bases, policy developments, and professional activities. GrantsWeb is in the early stages of development.

American Psychological Association
http://www.apa.org?

Go to *Search;* type in Grants. Provides a useful summary listing of many funding opportunities.

Snapshot from SAMHSA
http://www.samhsa.gov

Snapshot is a new series dedicated to simplifying and amplifying information about SAMHSA's grant programs.

2. Major Public Funding Agencies

Department of Health & Human Services
http://www.dhhs.gov/progorg/

The simplest way to check for grants in the various agencies of this Department is to go to the Catalog of Federal Administrative Assistance as listed in the previous section of this document –

www.cfda.gov/. Alternatively, go to the Department's web address and click on the agency you want to check out (e.g., Administration for Children and Families -- ACF, Centers for Disease Control and Prevention -- CDC, Health Resources and Services Administration -- HRSA; National Institutes for Health -- NIH; Substance Abuse and Mental Health Services Administration -- SAMHSA. Once at the site, you can go to the Grants pages and find out about agency grants, including what the various units are offering.

For example:

On SAMHSA's grant page (http://www.samhsa.gov/GRANT/gfa_kda.htm), you will find information on grants from the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment.

On HRSA's grant page (http://www.hrsa.dhhs.gov/grantsf.htm), you will find information on grants the Bureau of Primary Health Care, the Bureau of Health Professions, Bureau of Maternal and Child Health and the HIV/AIDS Bureau.

On NIMH's grant page (http://www.nimh.nih.gov/grants/grants/cfm), you will find program announcements and requests for application.

On NIDA's funding page (http://165.112.78.61/Funding.html), you will find announcements.

On NIAAA's grant page (http://silk.nih.gov/silk/niaaa1/grants/grants.htm), you will find program announcements, requests for applications and other relevant information.

Examples of types of relevant grant opportunities the DHHS has funded recently include:

>Comprehensive Community Mental Health Services for Children with SED
>Conference Grants Program
>Homeless Families Program
>Community Action Grants for Service Systems Change,
>National Training and Technical Assistance Center for Children
>Violence Prevention/Resilience Development -- School and Community Action Grants
>Violence Prevention Coordinating Center
>Community-Initiated Prevention Interventions
>Family Strengthening
>Substance Abuse Prevention/HIV Care
>Adolescent Treatment Models
>Targeted Capacity Expansion Program
>Community Action Grants
>Practice/Research Collaboratives
>Comprehensive Community Treatment Program for the Development of New and Useful Knowledge
>National Training Institute for Child Care Health Consultants
>National Resource Center for Health and Safety in Child Care
>Adolescent Health Center for State Maternal and Child Health Personnel
>Maternal and Child Health Provider Partnerships
>Community Organization Grants (COG) Program
>Interagency -- with Departments of Justice and Education – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

Health Care Financing Administration (HCFA),
http://www.hcfa.gov/

Provides general information on service funding related to Medicaid/EPSDT and the State Children's Health Insurance Program (SCHIP). Specific information can be found on each state's website, which can be accessed via the U.S. State & Local Gateway – http://www.statelocal.gov/

Department of Education – http://www.ed.gov/GrantApps

The simplest way to check for grants in the various units of DOE is to go to the site listed above or go to http://www.ed.gov/funding.html or to the Catalog of Federal Administrative Assistance as listed in the previous section of this document – **www.cfda.gov/**. Another quick option related to the most recent application notices is to go to **Federal Register ED Announcements – http://gcs.ed.gov/fedreg/announce.htm**

Examples of types of relevant grant opportunities the DOE has or may fund include:
>Alternative Strategies: Grants to Reduce Student Suspensions and Expulsions, and Ensure Educational Progress of Suspended and Expelled Students
>Neglected and Delinquent/High Risk Youth Program
>Even Start Statewide Family Literacy Initiative Grants
>21st Century Community Learning Centers Program
>Parental responsibility/Early Intervention Resource Centers
>Teacher Quality Enhancement Grants
>Character Education
>Emergency Immigrant Education Program
>Goals 2000 Comprehensive Local Reform Assistance Program
>Developing Hispanic Serving Institutions Program
>Linking Policy and Practice Audiences to the 1997 Amendments of IDEA
>State and Federal Policy Forum for Program Improvement
>Center on Achieving Results in Education for Students with Disabilities (special educ.)
>Rehabilitation Short-Term Training (special educ.)
>Centers for Independent Living (special educ.)
>Special Demonstration Programs (special educ.)
>Community Parent Resource Centers (special educ.)
>Elementary School Counseling Demonstration
>Middle School Drug Prevention and School Safety Program Coordinators
>State Grants for Incarcerated Youth Offenders
>Civic Education
>Systems-Change Projects To Expand Employment Opportunities for Individuals With Mental or Physical Disabilities, or Both, Who Receive Public Support
>Safe and Drug-Free Schools
>Interagency --with Departments of Justice and HHS – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

Note: Opportunities exist to transfer a percentage of various federal grants to enable better outcomes related to the intent of the grant. For example, Title XI of the Improving Americas Schools Act of 1994 allows school districts, schools, and consortia of schools to use up to 5% of their ESEA funds to develop, implement, or expand efforts to coordinate services. A similar provision was included in the reauthorization of IDEA. And with respect to social services block grants, there is a provision that allows each State to transfer up to 10% of its allotment for any fiscal year to preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income energy assistance block grants in order to enable the State to furnish social services best suited to the needs of individuals residing in the State.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice – http://ojjdp.ncjrs.org

See OJJDP website for Notice of Comprehensive Program Plan for Fiscal Year 2000

Examples of types of relevant grant opportunities in which the Department of Justice is or has been involved:
>Mental Health and Juvenile Justice: Building a Model for Effective Service Delivery
>Fiscal Year 2000 Missing and Exploited Children's Program
>Interagency --with Departments of Education and HHS – http://www.ed.gov/offices/OESE/SDFS
    Safe Schools/Healthy Students Initiative
    School Violence Prevention and Early Childhood Development Activities

This site also offers a gateway to other Department of Justice and federal agency funding opportunities (i.e., Education, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation) – http://ojjdp.ncjrs.org/grants/otherag.html

National STW Learning and Information Center – http://www.stw.ed.gov/grants/grants.htm

Use search engine to find information on School to Work Grants.

Also, see the Catalog of federal Domestic Assistance for information on the Department of Labor's Youth Services Delivery Systems program focused on youth who are or have been under criminal justice supervision.

3. Foundations

As noted in Section I of this document, **The Foundation Center -- http://fdncenter.org/** collects, organizes, analyzes, and disseminates information on foundations, corporate giving, and related subjects. It publishes the *Philanthropy News Digest*, a weekly listing of requests for proposals (RFPs) from U.S. grantmakers. (See -- http://fdncenter.org/pnd/current/index.html). Many foundations include a focus on health, mental health, and schools. For example, Annie E. Casey Fdn., Robert Wood Johnson Fdn., W. K. Kellogg Fdn., Charles Stewart Mott Fdn., Commonwealth Fund, Pew Charitable Trusts, DeWitt-Wallace/Readers Digest Fdn., W. T. Grant Fdn., Rockerfeller Fdn., Harris Fdn., Public Welfare Fdn., R. G. Hemingway Fdn., Carnegie Corp. You can, of course, go directly to the websites for any foundation and find the information about what they currently fund. However, direct contacts to discuss what one wants to propose often is a strategically good step.

4. A Few Other Resources with Relevant Summaries, Reports, and Analyses

School Health Finance Project of the National Conference of State Legislatures (funded by DASH, CDC)
http://ncsl.org/programs/health/pp/schlfund.htm

Summary of surveys of states and territories focused on gathering information on block grant and state support for school health programs. The data collected are designed to identify the sources for school health funding and the procedures required to access funds in each state. The databases provide information about how states and territories use federal and state funds for school health programs and can be used to develop and improve school health programs. The block grant survey collects information about how states use six specific federal block grants to fund school health programs (i.e., *the Community Mental Health Services Block Grant, Community Prevention Grants, Community Services Block Grant, Maternal and Child Health Services Block Grant, Preventive Health and Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Safe and Drug-Free Schools and Communities Block Grant*). The state revenue survey collects information about which states appropriate state general revenue for school health programs (structured around the eight components of the CDC Coordinated School Health Program model).

The Future of Children
http://www.futureofchildren.org/sch/index.htm

The Winter 1997 edition of the Future of Children journal (V. 7, No. 3) dealt with *Financing Schools. It is* available for downloading in PDF form with Adobe Acrobat. The articles titles are:
>Financing Schools: Analysis and Recommendations
>School Finance: Fifty Years of Expansion
>Sources of Funding for Schools
>How and Where the Education Dollar Is Spent
>Equity and Adequacy in School Funding
>School Finance Policy and Students' Opportunities to Learn: Kentucky's Experience
>Considering Nontraditional Alternatives: Charters, Private Contracts, and Vouchers

Making the Grade
http://www.gwu.edu/~mtg/sbhcs/financing.htm

Focuses on financing issues related to School-Based Health Centers. The following papers can be accessed through the above Website.
>Issues in Financing School-Based Health Centers: A Guide for State Officials
>Medicaid, Managed Care, and School-Based Health Centers:
>Proceedings of a Meeting with Policy Makers and Providers
>The New Child Health Insurance Expansion
>Nine State Strategies - Executive Summary
>School Health Centers and Managed Care: Seven School-Based Health Center Programs Forge New Relationships

5. Accessing Information Through Our Center

Whenever we learn about funding opportunities, we cite them in our monthly electronic news and, as appropriate, in our quarterly newsletter. These documents, then, are added to our website for ongoing access. In addition, as we become aware of reports and other documents that discuss sources, explore issues, and provide analyses, we add these to our Center Clearinghouse and reference them in documents we produce to provide overviews on different topics such as financial strategies. You can easily find what we have by using the search features on our Website.

You should begin with a *Quick Find Search*. This type of search yields basic information on specific topics for which we receive frequent requests, such as "Financing and Funding." To do a Quick Find search, go to the site ***http://smhp.psych.ucla.edu/*** and click on *Search*, you will see the Quick Find section and a place to "Select a response to a frequent request." Since you are interested in funding opportunities, find the topic "Financing and Funding" and hit *"go."* It will provide you a list of resources you may find useful, and when you scroll down, you will find a list of agencies and Website links which you can then access.

6. Accessing Information Through Our Sister Center

Additional resources on funding strategies and related technical assistance are available from our sister center: *Center for School Mental Health Assistance* (CSMHA) at the University of Maryland at Baltimore. http://csmha.umaryland.edu

A Final Note: In the spirit of creative financing, it is important to think in term of collaborative partnerships. One type of partnership involves seeking funds with University colleagues. This opens up access to a variety of research funds and strengthens applications for programs that involve a major evaluative component.

7. Additional Information

Academy for Educational Development
1875 Connecticut Avenue, N.W.
Washington, DC 20009-1202
(202) 884-8000
Fax: 1-202-884-8400
Email: admindc@aed.org
Website: http://www.aed.org

Description: AED seeks to meet today's social, economic, and environmental challenges through education and human resource development; to apply state-of-the-art education, training, research, technology, management, behavioral analysis, and social marketing techniques to solve problems; and to improve knowledge and skills throughout the world as the most effective means for stimulating growth, reducing poverty, and promoting democratic and humanitarian ideals.

The Alpha Center

1350 Connecticut Avenue, NW
Suite 1100
Washington, DC 20036
(202) 296-1818
Fax: (2020) 296-1825
Website: http://www.ac.org/httpdocs/bio.html

Description: The Alpha Center works to shape health care policy that is in the broad public interest. Their website helps serve the Alpha Center's primary goal: to bring state leaders, health services researchers, health care workers and foundations together for enlightened exchanges of information. These forums forge links between those making policy decisions and those who have the knowledge to inform those decision. The website describes the Center's core capacities and includes useful articles, an example of which is included in this introductory packet.

American Public Human Services Association
(formerly known as American Public Welfare Association)

810 First Street, NE, Suite 500
Washington, DC 20002-4267
(202) 682-0100
Fax: (202) 289-6555
Website: http://www.apwa.org

Description: American Public Human Services Association educates members of Congress, the media, and the broader public on what is happening in the states concerning welfare, child welfare, health care reform, and other issues involving families and the elderly. APHSA members administer employment and workforce programs, run child protective service agencies, and oversee Medicaid and the new Children's Health Insurance Program.

AskERIC

AskERIC is a very useful Internet resource that allows you to search the ERIC Clearinghouse. On the following page is a guide to using AskERIC. For a discussion of the ERIC Clearinghouses, see the reference section of this introductory packet.

The Brookings Institution

1775 Massachusetts Ave NW, Washington, DC 20036
(202) 797-6000
Fax: (202) 797-6004
Email: brookinfo@brook.edu
Website: http://www.brook.edu

Description: Brookings seeks to improve the performance of American institutions, the effectiveness of government programs, and the quality of U.S. public policies. It addresses current and emerging policy challenges and offers practical recommendations for dealing with them, expressed in language that is accessible to policy makers and the general public alike.

The Center for Law and Social Policy

1616 P St., NW - Suite 150
Washington, DC 20036
(202) 328-5140
Fax: (202) 328-5195
Email: info@clasp.org
Website: http://epn.org/clasp.html

Description: This national public interest law firm has expertise in both law and policy affecting the poor. CLASP seeks to improve the economic conditions of low-income families which children and secure access for the poor to our civil justice system. Website includes abstracts of recent publications.

Center on Budget and Policy Priorities
820 First Street, NE Suite 510
Washington, DC 20002
(202) 408-1080
Fax: (202)408 1056
Website: http://www.cbpp.org/info.html

Description: The Center is a principal source of information and analysis on a broad range of budget and policy issues, with an emphasis on those affecting low- and moderate-income Americans. The Center analyzes such matters as federal and state budget and tax policies, poverty and income trends, wage and employment issues, and welfare, job training, and housing issues. Website includes recent analyses, publication lists, and internship information.

Children's Defense Fund
25 E Street NW
Washington, DC 20001
202-628-8787
Email: cdfinfo@childrensdefense.org
Website: http://www.childrensdefense.org

Description: The Children's Defense Fund exists to provide a strong and effective voice for all the children of America. They pay particular attention to the needs of poor and minority children and those with disabilities. Their goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble. The CDF is working to create a nation in which the web of family, community, private sector, and government supports for children is so tightly woven that no child can slip through.

Education Funding Research Council
4301 North Fairfax Dr. – Suite 875
Arlington, VA 22203-1627
(800) 876-0226
Fax: (703) 528-6060

Description: The council publishes the Funding Resource Bulletin, a quarterly resource for education funding news as well as subscription information for many other resources distributed by the council including: 'Guide to Federal Funding for School Health Programs,' 'Guide to Federal Funding for Education,' ' Federal Grant Deadline Calendar,' 'The Grantseeker,' ' The New Title I Compensatory Education Program: An Analysis,' and ' Tapping Private Sector Funding.'

Electronic Policy Network
Email: epn@epn.org
Website: http://epn.org

Description: This website provides a listing of organizations and foundations that provide funding and support for a variety of social programs, including those relevant to education and public health.

The Finance Project
1000 Vermont Avenue NW
Suite 600
Washington, DC 20005
(202) 628-4200
Fax: (202) 628-4205
Email: info@financeproject.org

For a detailed description, see the feature of The Finance Project's web site following this section.

Foundation Center
New York Office
79 Fifth Avenue
New York, NY 10003-3076
Phone: (212) 620-4230, ext. 2451
Website: http://FDNCENTER.ORG

Description: The Foundation Center is an independent nonprofit information clearinghouse established in 1956. The Center's mission is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. The audiences that call on the Center's resources include grant seekers, grant makers, researchers, policy makers, the media, and the general public. The Foundation Center's database contains comprehensive information on more than 40,000 grant making foundations and direct corporate giving programs. The contents of the Center's database are available to subscribers through http://www.dialog.com/dialog/dialog1.html.

GrantsWeb WWW HomePage
1200 19th Street, NW, Suite 300
Washington, DC 20036-2412
(202) 857-1141
FAX: (202) 223-4579
Email: sra@dc.sba.com
Website: http://infoserv.rttonet.psu.edu/gweb.htm

Description: GrantsWeb is a starting point for accessing grants-related information and resources on the Internet. GrantsWeb organizes links to grants-related Internet sites and resources, including funding opportunities, grants data bases, policy developments, and professional activities.

Health Resources and Services Administration (HRSA)
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Website: http://www.hrsa.dhhs.gov

Description: The Health Resources and Services Administration (HRSA) directs national health programs which improve the health of the Nation by assuring quality health care to underserved, vulnerable and special-need populations and by promoting appropriate health professions workforce capacity and practice, particularly in primary care and public health. Their website includes an overview of programs, news, grants, contracts, and consumer information.

The Institute for Educational Leadership, Inc.
1001 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036
(202) 822-8405
Fax: 202.872.4050
Website: http://www.iel.org

Description: IEL's mission is to improve individual lives and society by strengthening educational opportunities for children and youth. IEL accomplishes its mission by connecting leaders from every sector of our increasingly multi-ethnic and multi-racial society and by reconnecting the public with our educational institutions.

National Institute of Mental Health
NIMH Public Inquiries
5600 Fishers Lane, Room 7C-02, MSC 8030
Bethesda, MD 20892-8030
Email: Henry Khachaturian, Ph.D: hk11b@nih.gov
Website: http://www.nimh.nih.gov

Description: This website contains information about grants and contracts, application timetables and requirements. They also have online applications, and information about how to apply for grants and what to do to maximize success.

RAND: Institute on Education and Training
1700 Main Street, P.O. Box 2138
Santa Monica, CA 90407-2138
(310) 393-0411
Fax: 310-393-4818
Website: http://www.rand.org/centers/iet

Description: RAND Education's mission is to improve educational policy and practice from kindergarten to higher education. This program has a multidisciplinary research staff of about 50 members, with a range of disciplines that has allowed RAND Education to develop a comprehensive approach to the problems and challenges of education. Their research agenda presently concentrates in these areas: Educational assessment and system performance; Restructuring K-12 and higher education; School-to-work and economic performance; Social, economic, and policy context of education and training; Technology and education.

Research and Training Center on Family Support and Children's Mental Health
Portland State University
P.O. Box 751
Portland, Oregon 97207-0751
(503) 725-4040

Description: The center publishes information relevant to mental health financing and programming. A useful example of their work is included in this introductory packet.

Together We Can Initiative
c/o the Institute for Educational Leadership
1001 Connecticut Ave NW Suite 310
Washington DC 20036
(202) 822-8405
Fax: (202) 872-4050
Email: blankm@iel.org
Website: http://www.togetherwecan.org

Description: Together We Can Initiative is a national leadership development and capacity building initiative to strengthen children, youth, families and communities. The Together We Can Initiative is working to provide support to neighborhood, community and government leaders at all levels, and of all types, in aggressively and strategically pursuing systems reform and community development efforts. TWC is also invested in changing systems and creating effective community development strategies with a staff who possess the substantive knowledge and the personal and process skills to guide institutional change.

The School Health Program Finance Project
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-32
4770 Buford Highway NE, Atlanta, GA 30341-3717
(770) 488-3251
Email: shpfp@cdc.gov.
Website: http://www.cdc.gov/nccdphp/dash/funding.htm
For a detailed description, see the feature of The Finance Project's web site following this section.

The Twentieth Century Fund
41 East 70th Street
New York, New York 10021
(212) 535-4441
Email: xxthfund@ix.netcom.com
Website: http://epn.org/tcf.html
Description: This website describes the foundation's research, publications, and policy recommendations which focus on progressive public policy. Publications can be ordered through this website.

The Urban Institute
Attn: Public Affairs 2100 M Strret, N.W.
Washington, DC 20037
(202) 261-5709
Email: paffairs@ui.urban.org
Website: http://www.urban.org
Description: The Urban Institute is a nonprofit policy research organization that investigates the social and economic problems confronting the nation and government policies and public and private programs designed to alleviate them. The Institute's objectives are to sharpen thinking about society's problems and efforts to solve them, improve government decisions and their implementation, and increase citizens' awareness about important public choices.

The Welfare Information Network
1000 Vermont Avenue, NW, Suite 600
Washington, DC 20005
(202) 628-5790
Fax: 202/628-4206
Email: welfinfo@welfareinfo.org
Website: http://www.welfareinfo.org
Description: The Welfare Information Network (WIN) is a project to help states and communities obtain the information, policy analysis, and technical assistance they need to develop and implement welfare reforms that will reduce dependency and promote the well-being of children and families. WIN will: Establish and maintain a clearinghouse of welfare reform related information, policy analysis, and technical assistance resources for states and communities; Create and maintain networks of related organizations, analysts, and technical assistance providers; Assist states and communities to identify information and technical assistance needs and broker access to appropriate providers and resources.

Need info Fast?

Try QuickFind!

http://smhp.psych.ucla.edu

Through our website this list of finance resources are direct links to abstracts, articles, and websites. From our home page click on Search... then click on QuickFind! From there select the topic you would like to search i.e., "finance". The following reflects our most recent response for technical assistance related to FINANCING & FUNDING. This list represents a sample of information to get you started and is not meant to be an exhaustive list.

Center Developed Resources and Tools

Financial Strategies to Aid in Addressing Barriers to Learning
Financing and Funding Issues

Relevant Publications on the Internet

Issues in Financing School-Based Health Centers: A Guide for State Officials, September 1995
Financing America's Public Schools
U.S. Department of Education List of Funding Opportunities
Resource Guide to Federal Funding For Technology in Education
Medicaid and School Health : A Technical Assistance Guide
K-12 School District Financing: An Update of Changes in the 1990s
Selected Papers in School Finance 1995 (NCES 97-536)
School-Based Management: Strategies for Success
Financing Services for Students with Disabilities
Medicaid, Managed Care, and School-Based Health Centers: Proceedings of a Meeting with Policy Makers and Providers
Nine State Strategies to Support School-Based Health Centers
School-Based Health Centers and Managed Care: Seven School-Based Health Center Programs Forge New Relationships
The Future of Children: Financing Schools
The Future of Children: Children and Managed Health Care
The Future of Children: Financing Child Care

Selected Materials from our Clearinghouse

A Practical Guide: Fund-Raising for Local Evaluations of Children's Mental Health Programs
A Strike for Independence: How a Missouri School
District Generated Two Million Dollars to Improve the Lives of Children
Assessing Schools Fiscal Contributions To Mental Health Services
Best Practices: Administering the LEA Billing Option
Block Grants: Characteristics, Experience, and Lessons Learned
Coverage of Community Mental Health Services Under Medicaid
Creating More Comprehensive, Community-Based Support Systems: The Critical Role of Finance
Developing Blended Funding Programs For Children's Mental Health Care Systems
Financing Cost Models : Annotated Bibliography and Other References
Financing Reform of Family and Children's Services
Financing Strategies to Support Innovations in Service Delivery to Children
Funding Resource Bulletin

Funding: Baltimore's Experience
Getting to the Bottom Line: State and Community
Strategies for Financing Comprehensive Community Service Systems
Issue in Financing School-Based Health Centers: A Guide for State Officials
Managed Care Innovations for Adolescents
Medicaid and School Health
School Linked Services: Appraisal, Financing, and Future Directions
School-Based Health Centers and Managed Care Health Plans: Partners in Primary Care
Summary of Selected Funding Sources for School-Based Services
Title XI: Funding for School-Based Mental Health Services
Volume III: Potential Sources of Federal Support for School-Based and School-Linked Health Services
Who Will Pay? Local, State, and Federal Perspectives

Relevant Publications That Can Be Obtained at Your Local Library

Fiancing Health Services in School-Based Clinics: Do Non-Traditional Programs Tap Traditional Funding Sources? By, J.S. Palfrey, M.J. McGaughey, P.J. Cooperman, et al. (1991). Journal of Adolescent Health, Vol. 12, No.3, pp. 233-239.

Payment for Services Rendered: Expanding the Revenue Base of School-Based Clinics. By, J. Perino & C. Brindis (1994). Report to the Stuart Foundations, Center for Reproductive Health Policy Research, University of California, San Francisco.

The Critical Role of Fiance in Creating Comprehensive Support Systems. By, M.E. Orland, A.E. Danegger, & E. Foley (1993). In Integrated Services for Children and Families: Opportunities for Psychological Practice. R.J. Illback, C.T. Cobb, & H.M. Joseph (Eds.). Washington D.C.: American Psychological Association.

Systems of Financing Early Intervention. By, R.M. Clifford & K.Y. Bernier (1993). In Implementing Early Intervention: From Research to Effective Practice. D.M. Bryant & M.A. Graham (Eds.). New York: The Guilford Press.

Rethinking School Fiances. By A. Odden (1992). San Francisco, CA: Jossey-Bass, Inc.

Related Agencies and Websites

- The Finance Project
- Making the Grade
- School Health Program Finance Project Database
- Government Organizations with Grants and other Funding Sources
- U.S. Department of Education's Office of the Chief Financial Officer: Grants and Contracts Information
- National Center for Education Statistics: Education Finance Statistics Center
- TENET's Educational Grant Programs Webpage
- Links to Grant Resources on the Web
- National School To Work Learning and Information Center: Grants
- The Future of Children
- Children and Managed Care: Organization and
- Financing of Care for Children and Youth with Special Health Needs
- Catalog of Federal Assistance
- Federal Register
- Notices of Funding Availability
- School Health Program Finance Project Database
- School Grants
- The Foundation Center
- GrantsWeb.
- American Psychological Association
- Department of Health and Human Services
- Health Care Financing Administration (HCFA)
- Department of Education
- Federal Register ED Announcements
- Office of Juvenile Justice and Delinquency Prevention (OJJDP), Department of Justice
- The Foundation Center
- School Health Finance Project of the National Conference of State Legislatures

Spotlight on:

School Health Program Funding Opportunities

The School Health Program Finance Project database contains information on federal, foundation, and state-specific funding sources for school health programs. Plans are underway to add state-specific and foundation funding information.

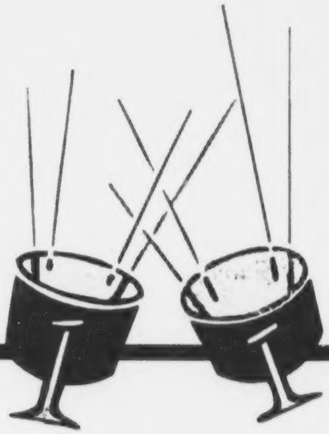
Background Information

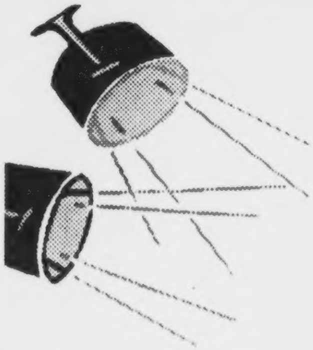
School health programs have the potential to be one of the most efficient means available to improve the health and education of nations. One of the most critical resources required to develop such programs is funding. Sources of funds to support school health programs are numerous, and the sources of funds themselves, as well as the procedures required to obtain the funds, change substantially from year to year.

During the mid-1980s, the Centers for Disease Control and Prevention (CDC) began to work with national, state, and local education, health, and social service agencies to help local schools develop and improve school health programs. These agencies recently asked CDC to establish a mechanism to provide ongoing practical information about available funds. In response to this request, CDC, in collaboration with the Office of the Assistant Secretary for Planning and Evaluation, developed the School Health Program Finance Project (SHPFP).

The principal objective of the SHPFP is to share with staff in local school districts practical information about how they can acquire funds for developing and improving various components of school health programs. With guidance from a panel of independent experts, SHPFP staff will perform five functions: 1) compile and organize information about funding sources, including information about eligibility and application requirements; 2) track and update changes in funding availability, legislation, and administrative regulations that may change these sources and requirements; 3) make such information accessible to relevant organizations and individuals through electronic online information channels; 4) work with relevant organizations to help national, state, and local staff learn how to use the information; and 5) publish reports about the evolving availability and nature of the diverse funding sources. The panel of independent experts includes representatives from other federal agencies, state and local health and education professionals, national nongovernmental organizations, and experts in fiscal policy.

Access the database:
http://www.cdc.gov/nccdphp/dash/funding.htm





Spotlight on: The Finance Project

The **Finance Project** is a national initiative to improve the effectiveness, efficiency, and equity of public- and private-sector financing for education, other children's services, and community building and development. With leadership and support from a consortium of private foundations, The Finance Project was established in 1994 as an independent, nonprofit organization. It undertakes an ambitious array of policy research and development activities, policy maker forums and public education activities, as well as support and technical assistance activities.

http://www.financeproject.org
On the Project's website you will find:

- Information and updates on new initiatives, policy tools and resources in development, technical assistance activities, and additions to the working papers series.
- Information on The Finance Project's Working Groups.
  - The Working Group on Strategies for Generating Revenue
  - The Working Group on Results-based Planning, Budgeting, Management, and Accountability
  - The Working Group on Financing Comprehensive, Community-based Support Systems.
- Information on The Collaborative Initiative to Improve Financing for Young Children and Their Families / Learning Cluster on Early Childhood Finance.
- Resources Available from The Finance Project available for download or viewing online.
  - Federal Financing Issues and Options
  - State and Local Financing Issues and Options
  - Financing Comprehensive, Community-based Supports and Services
  - Results-based Planning, Budgeting, Management and Accountability
  - School Finance Issues.

The website has a forum section so guests can raise important issues, provide experience or comments, inform one another about developments or innovations, or pose questions for reader response—in the following areas:

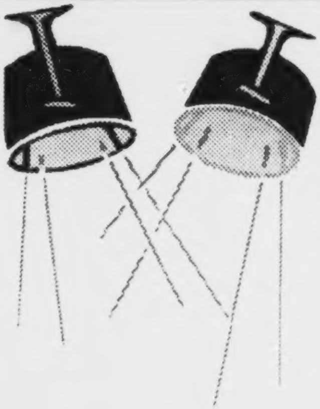
- Federal Financing Issues and Options
- State and Local Financing Issues and Options
- Financing Comprehensive, Community-based Supports and Services
- Results-based Planning, Budgeting, Management and Accountability Issues
- School Finance Issues.

The Finance Project
1000 Vermont Avenue, NW Suite 600
Washington, DC 20005
202/628-4200 / 202/628-4205 (Fax)
Email: info@financeproject.org
Web:http://www.financeproject.org

spotlight on...

A Grantseeker's Resource Guide

To Obtaining Federal, Corporate and Foundation Grants



http://www.tea.state.tx.us/grant/seekers/index.html#toc

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An Adobe Acrobat Version
of this guide is available.

Revised May 1999
Prepared by: Texas
Education Agency
Division of Contracts and
Grants Administration

Model Programs for Financing Programs and Services to Address Barriers to Learning

The following abstracts describe specific funding challenges as well as restructuring programs which emphasize funding reform strategies. These abstracts were downloaded from the ERIC Clearinghouse. Complete documents can be ordered through ERIC. For a discussion of how to access the ERIC Clearinghouse, see the reference section of this introductory packet.

Notes from the Field: Education Reform in Rural Kentucky, 1991-1992

This document consists of the first five issues of a serial documenting a 5-year study of the implementation of the Kentucky Education Reform Act (KERA) of 1990 in four rural Kentucky school districts. The first issue provides a brief overview of KERA policies and the status of their implementation in the study districts. It covers:

- school-based decision making;
- preschool education;
- family resource centers and youth services centers;
- extended school services;
- political measures;
- superintendent selection process;
- termination of teacher contracts; and
- finance.

The second issue focuses on school-based decision making and reports that all study districts are implementing this component on schedule. The third issue reports on the establishment of family resource centers (elementary schools) and youth services centers (secondary schools), based on visits to four centers. The fourth issue features KERA finance measures and analyzes how these measures have affected the study districts. The analysis reveals that education funding increased substantially in the four rural districts since the passage of KERA. Most of the new funding went to salary increases, instructional and library supplies, and programs to help at-risk students. Although it is not possible to study the equalization effects of KERA with such a small sample, per pupil revenue appeared to become more equal among three of the four districts. The fifth issue summarizes teacher focus- group discussions in each of the four school districts.

ERIC Document #: ED360120

BEST COPY AVAILABLE

A Tightening of the Screws: The Politics of School Finance in Florida

This paper presents an overview of challenges to the Florida school system in 1995, some of which include rising student enrollment, an increase in racial and ethnic minority populations, and a tax base that is failing to keep pace with growth. With regard to student performance, large numbers of high school graduates are not prepared for successful college work. However, Florida has one of the most equally distributed systems of public school funding in the country, the Florida Education Finance Program (FEFP). Although the overall fiscal health of the state remains strong, education has not benefitted because of an increasingly constrained state government revenue base and competition from other public-sector programs. In addition, a law has been filed that alleges inadequate funding in three areas: the additional fiscal burdens caused by rapidly increasing numbers of students who are expensive to educate; the state-mandated improvement and accountability plan (Blueprint 2000) that requires higher achievement levels; and underfunded, state-mandated transportation services. Other concerns are the maintenance of the fundamental equity of the state's funding formula and funding-formula changes that negatively affect special needs students. Blueprint 2000, the statewide plan for school-based management, requires school-improvement plans, school-advisory councils, and school report cards. Another challenge is to focus attention on education in a state which school-age children comprise only 16 percent of the population.

ERIC document #: ED385923

Paths to School Readiness: An In-Depth Look at Three Early Childhood Programs

This report provides practitioners in the field of child and family services with important guidelines on early childhood education and family support programs including program design, community collaboration, funding, and staff management. The book presents the five main components of establishing an early childhood education and family support program by drawing on case studies of three exemplary programs: Early Education Services of Brattleboro, Vermont; The Center of Leadville, Colorado; and Family Services Center of Gainesville, Florida. Specific to financing school restructuring, Chapter 7 analyzes several innovative funding strategies and their implications. Chapter 8 contains recommendations for policy makers, including examples of ways in which states can support local efforts at comprehensive services for children and families, and remove barriers to their more efficient implementation.

ERIC document #: ED387214

Education Reform: School-Based Management Results in Changes in Instruction and Budgeting

This report responds to a request for information on School-Based Management (SBM) from Senators Edward M. Kennedy and David Durenberger. It answers the following questions:

- Under SBM, were schools' instructional programs and budgets changed and, if so, how?
  - What were key similarities and differences in districts' approaches to SBM?
    - How were Chapter 1 programs integrated with SBM?

A study of SBM initiatives was conducted in three school districts... Changes in instructional programs included adding all-day kindergarten, extended-day programs, special education and gifted-and-talented programs, and new courses. Changes in budgeting included adjustments in spending on staff, supplies, and equipment. A key similarity in districts' approaches to SBM was that it operated with other district reforms as part of a broader reform strategy. Key differences in the approaches to SBM included how the district allocated funds to its schools, and whether schools or the district developed schools' budgets. The Chapter 1 program was largely not integrated with SBM in Dade County and Prince William County. Proposed legislation to reauthorize Chapter 1 would decentralize some control over the program, moving it from districts to schools. The appendices contain objectives, scope, and methodology; results of a multivariate analysis; waivers obtained by schools; school and district staff's remarks about SBM; and major contributors to this report.
ERIC Document #: ED383033

Exceptional Children: A Report to the Idaho Legislature

A 1993-94 update on special education program activities and funding in Idaho is presented. After an overview of accomplishments in special education as a whole during 1993-94, activities supporting gifted and talented programs are identified, including a state guide for gifted education, regional planning meetings, curriculum workshops, and on-site technical assistance. Examples of developments in programs and services involving gifted/talented education at the school district level are cited, and an overview of special education instructional programs and services for children wit disabilities is provided. Recent provisions that affect state special education funding are noted, and some data on federal funds for Idaho special education are included. Service for children with serious emotional disturbances (SED) is identified as an area of unmet need. Five recommendations to address identification and education of children with SED are offered for the Idaho legislature. Among them are maximizing of Medicaid dollars to provide local in-home and school-based mental health services, family consultation, day treatment, and case management; and establishment of mental health service options in all communities. Statistical tables report on state funds received and state and local funds expended by each school district for the 1993-94 school year. Data are also provided on Title VI-B flow-through federal funds for preschool and school-age special education, as well as school district data on total enrollment and the total number and percentage of students with exceptionalities served.

ERIC Document #: ED386008

REINVENTING EDUCATION:
INVESTIGATING IN PEOPLE PROJECT

As businesses are remodeling their workplaces into high-performance work organizations, states must reorganize their education systems to accommodate the changing world of work and to produce citizens able to compete in the global economy. This paper is the first in a series of reports by the Investing in People (IIP) Project, which is funded by the DeWitt Wallace-Reader's Digest Fund. It provides an overview of the issues and concerns surrounding school restructuring and provides examples of state reform efforts when available.

- Chapter 1 examines states that are restructuring their entire school systems.
- Chapter 2 describes various administrative structures, such as school-based management, charter schools, and school choice.
- Chapter 3 looks at changing the ways teachers teach, including changes in curriculum, standards, assessment, and instruction methods, as well as a focus on teaching complex thinking skills and meeting minority students' needs.
- Chapter 4 explores changes in the way students learn, such as class size, multi-age classrooms, school-year length, and alternative schools and programs.
- Chapter 5 describes the efforts of states at integrating educational and social services. One idea is to coordinate child care, health care, and social services through interagency councils.
- Chapters 6 and 7 discuss community partnerships and programs for life-long learning, respectively.
- The final chapter describes the comprehensive education reform legislation passed by Kentucky and Oregon. The appendix contains a list of state contacts.

ERIC Document #: ED370241

Potential Sources of Federal Support for School-Based and School-Linked Health Services

Volume III of a three- volume guide to school-based and school-linked health centers, this document notes that communities that wish to continue existing school-based health clinics or to start new ones may need to explore federal support for health center operations. This manual identifies federal health, education, and social programs which support the kinds of services provided by school health centers. Some of these programs described cover a broad array of health services; other cover specific types of services; still others support demonstration or model projects. For each of these programs, the manual identifies the program's purpose and structure, who may be served with the funds, what services they may receive, major programmatic and administrative requirements for funded service providers, application procedures, and a federal contact person for additional information. The 15 chapters in the manual focus on:

The flow of federal funds;
Health Care Block Grants;
Title V: Maternal and Child Health Services Block Grant;
Preventive Health and Health Services Block Grant;
Substance Abuse Prevention and Treatment Block Grant;
Community Mental Health Services Block Grant;
Medicaid;
Section 330: Community Health Centers;
Drug-Free Schools and Communities- state grants;
Title X: Family Planning Services;
Women, Infants, and Children (WIC) Program;
Social Services Block Grant;
Child Care and Development Block Grant;
Direct grants for innovative, demonstration or special projects;
Three state case studies (New Jersey, New Mexico, and California).

The manual focuses on requirements found in the federal law. Appendices include: (1) a list of acronyms; (2) a list of federal agencies with responsibility for adolescent services; (3) Medicaid federal financial participation rates by states; and (4) state contacts for selected federal programs.

ERIC Document #: ED365893

IIID. FINANCING MENTAL HEALTH IN SCHOOLS CONSULTATION CADRE LIST:

Professionals across the country volunteer to network with others to share what they know. This group encompasses professionals working in schools, agencies, community organizations, resource centers, clinics, and health centers, teaching hospitals, universities, and so forth.

People ask how we screen cadre members. We don't! It's not our role to endorse anyone. We think it's wonderful that so many professionals want to help their colleagues, and our role is to facilitate the networking. If you are willing to offer informal consultation at no charge to colleagues trying to improve systems, programs, and services for addressing barriers to learning, let us know. Our list is growing each day; the following are those currently on file related to this topic.

Central States

Iowa
Pam Bleam
Elementary Counselor
Manson Northwest Webster School
Manson, IA. 50563
Phone: 712/469-2682

Michigan
Kai Jackson
Family Health Center, Inc.
Edison School-based Health Center
924 Russell Ave.
Kalamazoo, MI 49006
Phone: 616-349-2646
Fax: 616-349-2490
E-mail: kaimj@juno.com

Minnesota
Gordon Wrobel
Mental Health Consultant
Minnesota Dept of Children, Families & Learning
830 Capitol Square Building
St. Paul, MN 55101
Phone: 612/297-1641
Fax: 612/297-7368
E-mail: gordon.wrobel@state.mn.us

East

New York
Christopher Cinton
Project Director
Bronx-Lebanon Hospital Center
1650 Grand Concourse
Bronx, NY 10457
Phone: 718/960-1328
Fax: 718/583-0460

Pennsylvania
Patricia Welle
Student Services Coordinator
School District of the City of Allentown
31 South Penn Street
P.O. Box 328
Alllentown, PA 18105
Phone: 610/821-2619
Fax: 610/821-2618

Rhode Island
Robert Wooler
Executive Director
RI Youth Guidance Center, Inc
82 Pond Street
Pawtucket, RI 02860
Phone: 401/725-0450
Fax: 401/725-0450

Southeast

Alabama
Deborah Cleckley
Director, Quality Assurance/Education
Jefferson County Department of Health
1400 6th Avenue, South
Birmingham, AL 35233-2468
Phone: 205/930-1401
Fax: 205/930-1979
E-mail: dcleckley@jcdh.org

Florida
Howard Knoff
Professor/Director
School Psychology Program/Institute for School Reform
University of South Florida
4202 East Fowler Avenue, FAO 100U
Tampa, FL 33620-7750
Phone: 813/974-9498
Fax: 813/974-5814
E-mail: knoff@tempest.coedu.usf.edu

Louisiana
Theresa Nash
Administrative Supervisor of School Nurses
New Orleans Public Schools
Medical and Health Services Department
820 Girod St.
New Orleans, LA 70113
Phone: 504/592-8377
Fax: 504/592-8378

North Carolina
Bill Hussey
Section Chief
Dept. of Public Instruction
301 N. Wilmington St.
Raleigh, NC 27601-2825
Phone: 919/715-1576
Fax: 919/715-1569
E-mail: bhussy@dpi.state.nc.us

William Trant
Director Exceptional Programs
New Hanover County Schools
1802 South 15th Street
Wilmington, NC 28401
Phone: 910/815-6935
Fax: 910/815-6929
E-mail: nhcsswrt@uncwil.edu

Virginia
Sally Mc Connell
Direcor of Government Relations
National Association of Elementary School Principals
1615 Duke Street
Alexandira, VA 22314
Phone: 703/518-3263
Fax: 703/548-6021
Email: smcconnell@naesp.org

Southwest

California
Frank Binch
Los Angeles County Health Services (retired)
P.O. Box 4066
Diamond Bar, CA 91765
Phone: 909/861-6745
Fax: 909/861-6745
E-mail: fdbinch@aol.com

Howard Blonsky
Student & Family Service Team Coordinator
Visitacion Valley Middle School
450 Raymond Street
San Francisco, CA 94134
Phone: 415/469-4590
Fax: 415/469-4703

California (cont.)

Jim Bouquin
Executive Director
New Connections
1760 Clayton Rd.
Concord, CA 94520
Phone: 510/676-1601

June Cichowicz
Community Relations Director
Crisis and Suicide Intervention of Contra Costa
P.O. Box 4852
Walnut Creek, CA 94596
Phone: 510/939-1916
Fax: 510/939-1933

Kimberly Dark
Consultant/Writer
National City Collaborative
1405 Dale St.
San Diego, CA 92102
Phone: 619/235-9315
Fax: 619/235-8641
Email: kimdark@aol.com

John Hatakeyama
Deputy Director Children and Youth Services . Bureau
L.A. County Dept. of Mental Health, C&FSB
550 S. Vermont Ave.
Los Angeles, CA 90020
Phone: 213/738-2147
Fax: 213/386-5282

Marcel Soriano
Professor/Associate Chair
Division of Administration & Counseling
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032-8141
Phone: 213/343-4255
Fax: 213/343-4252
Email: msorian@calstatela.edu

California (cont.)

Richard Langford
Associate Professor
Humboldt State University
Department of Psychology
Arcata, CA. 95521
Phone: 707/826-4545
Fax: 707/826-4993
Email: ral1@axe.humboldt.edu

Terry L. Maxson
Director of School Health
Children's Hospital
3020 Children's Way
3665 Kearny Villa Rd.
San Diego, CA 92130
Phone: 619/576-5832
Fax: 619/974-6733

Colorado

James R. Craig
Director
Adamss Child and Family Services
7840 Pecos St.
Denver, CO 80221
Phone: 303/853-3431
Fax: 303/428-0233

Hawaii

Candice Calhoun
Planner/Community Adolescent Program
Hawaii State Dept. of Health
Family Health Services Division
741-A Sunset Ave. Rm#107
Honolulu, HI 96816
Phone: 808/733-8339
Fax: 808/733-9078
Email: crcalhoun@fhsd.health.state.hi.us

Don't forget to check with our **Sister center, Center for School Mental Health Assistance (csmha) at University of Maryland at Baltimore**.
Contact: Mark Weist, Ph.D. (Director)
Department of Psychiatry
University of Maryland at Baltimore
680 West Lexington St., 10th floor
Baltimore, MD 21201-1570
Ph: 888/706-0980
Fax: 410/706-0984
email: csmha@csmha.ab.umd.edu
Website: http://csmha.ab.umd.edu

IV. Examples of Funding Sources

A. Funding Sources for School Based Health Programs

B. Prevention Projects Program Funding School Health Programs

C. Examples of Federal Resources

D. The California Experience

E. Underwriting Health in Schools: Resources that Might be Mapped & Analyzed

F. Compendium of Comprehensive, Community-based Initiatives

G. More Federal Funds for School Reform

FUNDING SOURCES FOR SCHOOL-BASED HEALTH PROGRAMS

SOURCE OF FUNDS/CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
General Funds: Local Health Dept. Budget	Determined by municipal government See local Health Departments	Budget for school nurses, aides, MDs, clerical, administration
Federal: EPSDT Administrative	Application to State EPSDT Office for administrative federal financial participation for expenditures related to outreach and case management that support the effort to assure pregnant women and children with MA are likely to be eligible for MA receive preventive health services.	Applied to school nurse salaries who provide administrative outreach and case management. Results in having local funds available for the SBC program.
Title V (C and Y)	Application to agency delegated by State to distribute funds for primary health care for uninsured children.	Supports core staff in 3 school-based health centers.
STATE: Legislative	Bill initiated by state senator.	$41,000 for 1 PNP in designated school
HMO Reimbursement Out of Plan Family Planning Provider (SBHC)	Per State HMO contract, bill HMO for Family Planning services as out of plan provider.	Added to resource pool for expanding services in school clinics.
Pre-authorized services (SBHC)	Contract to compete EPSDT screen for HMO enrollees in SBHC schools.	Fee for service reimbursement
Fee for service: School Based Clinics (SCHCs)	Apply for Medicaid Provider status. Arrange for revenues to be retained by program without requirement to spend in year of receipt.	Used to expand staff with part-time NPs, Medical assistants, physical preceptors, and contacts for mental health clinicians.

SOURCE OF FUNDS/CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
Fee for service: School Nurse Programs	Apply for Medicaid provider number as LHD or LEA for medically necessary services provided in schools e.g. IEP nurse services.	Used to retain positions cut in local funds budget, provide education benefits for nurses, purchase equipment, add clerical support.
Health Related services IEP/IFSP	Application to Medicaid as provider reimbursement for services provided to school children under IEP/IFSP. School Districts can apply directly for provider status or enter into a Letter of Agreement with a local health department and provide services as a clinic of local health dept. Uses specific LHD provider number. Agencies described above apply to state Medicaid.	Produces a significant revenue base that can support entire SNHC programs as is done by Baltimore County. Baltimore's MO. between Health and Education stipulates that revenues must be used to expand or initiate expanded health services in schools. 38 school nurse positions, CHN Supvr, 6 Aides, social workers, 57 school-based mental health clinics, assistive technology equipment and a portable Dental Sealand Program for elementary schools.
Case Management for Pediatric AIDS	Have school or clinic nurse provide case management for HIV positive children in schools through cooperation with local Pediatric AIDS Coordinator.	New option in Maryland.
Home-based services & Service Coordination services Targeted Case Management under Healthy Start	Apply for or include in MA provider application. Available for school nurses who complete required assessments and follow-up for eligible children.	Not used in Baltimore schools. Not used.

http://www.ncsl.org/programs/health/pp/schlfund.htm

Prevention Projects Program
Funding School Health Programs
November 1999

Many states are looking to school health programs to address teen pregnancy, under-age alcohol use, school violence, preventive health care, HIV/AIDS education, substance abuse and mental health issues. This site includes comprehensive information on funding coordinated school health programs.

With funding from the Division of Adolescent and School Health at the Centers for Disease Control and Prevention, the National Conference of State Legislatures developed the School Health Finance Project to gather information about how states and territories fund coordinated school health programs. The sources for school health funding and the procedures required to access funds vary from state to state. The data collected is designed to identify those procedures and sources in each state. The information in the databases will provide state legislators and legislative staff with information about how states and territories use federal and state funds for school health programs. Also, state and local education agencies can use this information to develop and improve school health programs.

There are two aspects of this project-the block grant survey and the state revenue survey. The block grant survey collects information about how states use six specific federal block grants to fund school health programs. The state revenue survey collects information about which states appropriate state general revenue for school health programs.

For questions about the information on funding school health programs,
contact Stephanie Wilson or Louise Bauer.

For additional federal, foundation, and state-specific funding sources, check out the School Health Program Funding Opportunities site from the Division of Adolescent and School Health at the Centers for Disease Control and Prevention.

National Conference of State Legislatures
info@NCSL.ORG (autoresponse directory)

Denver Office:
1560 Broadway, Suite 700
Denver, CO 80202
Tel: 303-830-2200
Fax: 303-863-8003

Washington Office:
444 North Capitol Street, N.W., Suite 515
Washington, D.C. 20001
Tel: 202-624-5400
Fax: 202-737-1069

IVB. EXAMPLES OF FEDERAL RESOURCES

To illustrate the range of federally funded resources, the following table was abstracted from 'Special Education for Students with Disabilities.' (1996). *The Future of Children*, 6(1), 162-173. The document's appendix provides a more comprehensive table.

What follows is a table composed of a broad range of federally supported programs which exist to meet specific needs of children and young adults with disabilities. Services include education, early intervention, health services, social services, income maintenance, housing, employment, and advocacy. The following presents information about programs that

☐ are federally supported (in whole or in part)

☐ exclusively serve individuals with disabilities or are broader programs (for example, Head Start) which include either a set-aside amount or mandated services for individuals with disabilities.

☐ provide services for children with disabilities or for young adults with disabilities through the process of becoming independent, including school-to-work transition and housing

☐ have an annual federal budget over $500,000,000 per year. (Selected smaller programs are also included).

Examples of Federal Resources

Category	Program	Purpose	Target Population	Services Funded
Education	Special Education- State Grants Program for Children with Disabilities US Dept. of Education, Office of Special Education Programs contact: Division of Assistance to States, (202) 205-5547	To ensure that all children with disabilities receive a free, appropriate public education (FAPE). This is an entitlement program	Children who have one or more of the following disabilities and who need special education or related services: Mental retardation, Hearing impairment, Deafness, Speech or language impairment, Visual impairment, Serious emotional disturbance, Orthopedic impairments, Autism, Traumatic brain injury, Specific learning disabilities, Other health impairments	Replacement evaluation, Reevaluation at least once every 3 years, Individualized education program, Appropriate instruction in the least restrictive environment
Comprehensive Services to Preschool Children	Head Start US Dept. of Health and Human Services contact: Head Start Bureau, (202) 205-8572	To provide a comprehensive array of services and support which help low-income parents promote each child's development of social competence	Primarily 3- and 4-year-old low-income children and their families Statutory set-aside requires that at least 10% of Head Start enrollees must be disabled children	Education, Nutrition, Dental, Health, Mental health, Counseling/psychological therapy, Occupational/physical/speech therapy, Special services for children with disabilities, Social services for the family
Health	Medicaid US Dept. of Health and Human Services contact: Medicaid Bureau, (410) 786-3000	To provide comprehensive health care services for low-income persons This is an entitlement program	Low-income persons: Over 65 years of age, Children and youths to age 21, Pregnant women, Blind or disabled, and in some states- Medically needy persons not meeting income eligibility criteria	Screening, diagnosis, and treatment for infants, children, and youths under 21; Education-related health services to disabled students; Physician and nurse practitioner services; Rural health clinics; Medical, surgical, and dental services; laboratory and x-ray services; nursing facilities and home health for age 21 and older; Home/community services to avoid institutionalization; family planning services and supplies.

Catagory	Program	Purpose	Target Population	Services Funded
Health	Disabilities Prevention US Dept. of Health and Human Services, Centers for Disease Control and Prevention contact: Disabilities Prevention Program, (770) 488-7082	Funds educational efforts and epidemiological projects to prevent primary and secondary disabilities	Persons with: Mental retardation, Fetal alcohol syndrome, Head and spinal cord injuries, Secondary conditions in addition to identified disabilities, Selected adult chronic conditions	Funds pilot projects that are evaluated for effectiveness at disability prevention; Establishes state offices and advisory bodies; Supports state/local surveillance and prevention activities; Conducts and quantifies prevention programs; Conducts public education/awareness campaigns
Health	Maternal and Child Health Services US Dept. of Health and Human Services contact: Maternal and Child Health Bureau, (301) 558-5388	To provide core public health functions to improve the health of mothers and children	Low-income women and children; Children with special health needs, including but not limited to disabilities	Comprehensive health and related services for children with special health care needs; Basic health services including preventative screenings, prenatal and postpartum care, delivery, nutrition, immunization, drugs, laboratory tests, and dental; Enabling services including transportation, case management, home visiting, translation services
Mental Health	Comprehensive Mental Health Services for Children and Adolescents with Serious Emotional Disturbances and Their Families US Dept. of Health and Human Service contact: Child, Adolescent and Family Branch Program Office, (301) 558-5388	The development of collaborative community-based mental health service delivery systems	Children and adolescents under 22 years of age with severe emotional, behavioral, or mental disorders and their families	Diagnostic and evaluation services; Individualized service plan with designed case manager; Respite care; Intensive day treatment; Therapeutic foster care; Intensive home-, school-, or clinic-based services; Crisis services; Transition services from adolescence to adulthood

Catagory	Program	Purpose	Target Population	Services Funded
Social Services	Foster Care US Dept. of Health and Human Services contact: Children's Bureau, (202) 205-8618	To assist states with the costs of: foster care maintenance; administrative costs; training for staff, foster parents, and private agency staff. This is an entitlement program	Children and youths under 18 who need placement outside their homes	Direct costs of foster care maintenance; placement; case planning and review; training for staff, parents, and private agency staff
Housing	Supportive Housing US Dept. of Hosing and Urban Development (HUD contact: Local Housing and Urban Development field office,(913) 551-5644	To expand the supply of housing that enables persons with disabilities to live independently	Very low-income persons who are: blind or disabled, including children and youths 18 years of age and younger who have a medically determinable physical or mental impairment and who meet financial eligibility requirements; over 65 years of age	Cash assistance Average monthly payment is $420 per child with disability. Range is from $1 to $446

AN EXAMPLE OF FUNDING AND PROGRAM RESOURCES: THE CALIFORNIA EXPERIENCE

This table was obtained from Funding and Program Resources: California's Healthy Start by Rachel Lodge (Healthy Start Field Office: U.C. Davis, 1998)

This document contains

- A list of programs being implemented throughout California
- The programs' funding source
- Where to get information about the program and it's funding
- A list of the activities and services that are being funded.

An Example of Funding and Program Resources: The California Experience

Program Title	Funding Source	Local Information Source	Activities and Services Supported
CITY/COUNTY SYSTEM COORDINATION			
Community Development Block Grant	*Federal* U.S. Department of Housing and Urban Development	City	Coordination of support and services to families. Facilities and direct service to families to strengthen and improve community life.
Interagency Children's Services Act	*State*- SB 997 and 786 (no funding sources) Permits regulations to be waived and reallocates existing resources	Check county agencies	Establishes Interagency Youth Service Councils. Encourages local development of comprehensive and collaborative delivery systems for all services provided to children and youth, enhancing local governance requirement of Healthy Start.
Youth Pilot Program	*State*- AB 1741 Health and Welfare Agency	County administrators (Pilot counties include: Alameda, Fresno, Marin, Placer, San Diego, and Contra Costa)	Interagency team provides assistance to AB 1741 counties to establish a mechanism to transfer funds into a blended Child and Family Services Fund to be used for services for high risk, low income children and families.
Community Based Family Resource Program	*State* Department of Social Services, Office of Child Abuse Prevention	Public agencies, schools and non-profit agencies	Expands innovative, comprehensive family resource centers.
Juvenile Crime Enforcement and Accountability Challenge Grant Program	*State* SB 1760 Board of Corrections	Will establish multi-agency juvenile justice coordinating councils	Develop and implement a comprehensive, multi-agency strategy for preventing and effectively responding to juvenile crime.
Partnership for Responsible Parenting	*State* Department of Health Services, Office of Criminal Justice Planning and other	Public Health Department and other county agencies	Initiative designed to address problems associated with teen and unwed pregnancy and fatherlessness by establishing community challenge grants, public awareness media campaign, statutory rape prosecution, and mentoring programs.

FAMILY SUPPORT/SOCIAL SERVICE			
Temporary Assistance For Needy Families (TANF) / CalWORKS	*Federal* Title IV- A Social Security Act	Social Services, Economic Assistance	Direct financial income support for families with minor children; administration of program including eligibility determination. Services and eligibility changing due to welfare reform.
Program Title	**Funding Source**	**Local Information Source**	**Activities and Services Supported**
Social Services Block Grant	*Federal* Title XX Social Security Act	Social Services	Activities that promote family self-sufficiency, prevent child abuse and neglect, and out-of-home placement.
Child Welfare Services	*Federal* Title IV-B Subpart I Social Security Act	Social Services	Emergency caretaker/homemaker, financial assistance. Family preservation, mental health, alcohol and drug abuse counseling, post-adoption services.
Foster Care Maintenance and Adoption Assistance	*Federal* Title IV-E Social Security Act	Social Services	Out of home placement and reunification, pre- and post-placement and placement prevention activities. Pays for costs for minors and cost for staff, including staff training.
HEALTH SERVICES			
Local Educational Agency (LEA) Medi-Cal Billing Option	*Federal* Title XIX Medicaid Funding	Schools, districts, county offices of education, collaborative partners	Bill for medically necessary services for Medi-Cal eligible students; reinvest in broad range of support, prevention, intervention, and treatment activities for children and their families to sustain local Healthy Start initiatives.
Targeted Case Management-Local Educational Agency (TCM-LEA)	*Federal* Title XIX Medicaid Funding	Schools, districts, county offices of education, collaborative partners	Bill for case management of services to Medi-Cal eligible special education students and their families. Reinvest as above.
Targeted Case Management-Local Government Agency (TCM-LGA)	*Federal* Title XIX Medicaid Funding	Public Health, Adult Probation Departments, and Public Guardian	Case management of target populations of Medi-Cal eligibles served by health, probation, public guardian and aging programs.
Medi-Cal Administrative Activities (MAA)	*Federal* Title XIX Medicaid Funding	Public Health Department	Activities associated with effective administration of the entire Medi-Cal program.

EPSDT Supplemental	*Federal* Title XIX Medicaid Funding	Public Health Department, managed care agency	Kinds and frequency of treatment and type of provider not otherwise available to eligibles over 21 years (eff. April 27, 1995)
Federally Qualified Health Clinic (FQHC)	*Federal* Title XIX Medicaid Funding	Public Health Department	Medi-Cal activities and services for Medi-Cal eligibles in medically underserved areas. Rate is higher, cost-based.
Children's Dental Disease Prevention Program	*State*–SB 111	County health departments and county offices of education	Provides school-based dental health education and dental services that include fluoride, screenings, and treatment referral mechanisms.
MENTAL HEALTH SERVICES			
Substance Abuse Block Grant	*Federal* Substance Abuse and Mental Health Services Administration Block Grants	County Health Department/ Alcohol and Other Drug Programs	Alcohol and drug abuse prevention, treatment, and after-care services.
Early Mental Health Initiative	*State*–AB 1650 Department of Mental Health	Schools, districts, local education agencies	Serves children (K-3) identified as having minor school adjustment difficulties to ensure a good start in school and increase the likelihood of their future school success. Provides for use of alternative personnel, cooperation with parents and teachers, and ongoing monitoring and evaluation.
EMPLOYMENT AND ECONOMIC DEVELOPMENT			
Vocational Education	*Federal, State, Local*	School districts, county offices of education, community colleges, community-based organizations	Provide assessment, counseling, vocational education, on-the-job training, job placement, and basic/remedial education to youth and adults (check for eligibility).
One-Stop Career Center System Initiative	*Federal* Department of Labor	Employment Development Department, Service Delivery Area/Private Industry Council	Plans to design and implement an integrated, comprehensive, customer-focused, and performance-based service delivery system for employment, training, and related education programs and services.
Job Training Partnership Act	*Federal* Department of Labor	Private Industry Council, school district, county office of education, community colleges	Provides employability services including job placement, basic/remedial education, on-the-job training and vocational education to economically disadvantaged adults, youth, and older workers.

Program Title	Funding Source	Local Information Source	Activities and Services Supported
Job Service (also Job Agent and Intensive Services programs)	*Federal* Department of Labor and *State* Employment Development Department	Employment Development Department	Helps employers find job-ready applicants for their job openings and reduces unemployment for adults and youth by providing job placement, counseling, testing, job fairs, job search training workshops, employer services, and labor market information.

EDUCATION SERVICES

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
Grade Level Reform Initiatives	California Department of Education General Education funds	Establishes the vision and strategies to enable academic success for all students, including collaborative partnerships with parents, other agencies, and community members. Grade level reform documents (4) are available from CDE.	School districts and county offices of education	Ongoing	Child Development Division (916) 322-6233 Elementary Education Division (916) 657-2435 Middle Grades Division (916) 654- 6966 Secondary Education Division (916) 657-2532
School Improvement Program (SIP)	*State* School Improvement Funding Education Code (62002)	For activities that improve all students' ability to learn and schools' instructional program for all students.	Schools, districts	Ongoing	Elementary Grades (916) 657-5440 Middle Grades (916) 657-5081 Secondary Level Susan Tidyman Alameda COE (510) 887- 0152
School-Based Coordinated Programs	*State* Education Code 52800-52870 Flexible use of existing categorical funds	To encourage effective combination of categorical funds. Participants receive 8 staff development d5ays.	School districts and county offices of education receiving state categorical funds	November and April consolidated application	Elementary Academic Support (916) 657-2435

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
Title I (IASA) Part A-LEA Program Part B-Even Start (see following item) Part C-Migrant Education Part D-Neglected, Delinquent or at Risk	*Federal* Improving America's Schools Act (IASA)	To improve student achievement via interlocking elements of standards and assessment, teaching and learning, professional development, creating linkages among parents, families, and school-communities, and local governance and funding structures.	Schools, districts, and county offices of education	Ongoing	District and School Support Division (916) 657-2577 <www.cde.ca.gov/iasa>
Even Start Family Literacy	*Federal* Improving America's Schools Act (IASA)	Innovative approach to service families (parents with children 0-7 living in a low income area) by integrating early childhood education; adult basic education, parenting education, and coordination of service delivery agencies by developing partnerships.	Schools, districts, county offices of education, community-based organizations, universities/ colleges	Ongoing	Elementary Academic Support Unit (916) 657-2435
Individuals with Disabilities Act (IDEA)	Federal PL 94-142 part H	Assessment and preventive services for very young children at risk of developmental disabilities. Also transition into appropriate school setting. Requires individualized plan.	Schools, districts, county offices of education	Ongoing	Special Education Division (916) 445-4613

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
School-Based Service Learning (National Community Service Trust Act)	California Department of Education/ Corporation for National Service Approximately $2 million statewide, individual grants from $20,000-$100,000	For district-wide implementation of the teaching method known as service learning	School districts, county offices of education	Available January 2001	CalServe Initiative (916) 654-3741
School-to-Career Initiative	*Federal* Direct School-to-Work Opportunities Act grants	Create systems that offer all youth access to performance based education & training that results in portable credentials; preparation for first jobs in high-skill, high-wage careers, and increased opportunities for higher education	Local Employment Development Departments, school districts, county offices of education, schools, community colleges		School to Career Office (916) 657-2541
Job Training Partnership Act 8% Statewide Education Coordination and Grants	JTPA 8%-30% Projects $75,000 JTPA 8%-50% GAIN Education Services	Provides youth & adults with barriers to employment with a range of occupational skills through school-to-career and CalWORKS projects, including employment preparation, adult basic education, ESL and GED	Private Industry Council in collaboration with local education agencies (school districts, county offices of education, adult schools, regional occupational programs/centers and community colleges)		Employment Preparation and Interagency Relations Office (916) 324-9605

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
Adult Education	*Federal and State*	Provides adults and out-of-school youth with basic/remedial education, English-as-a-second-language, and vocational education services	School districts, community colleges	Ongoing	Adult Education Field Assistance Unit (916) 322-5012
School Safety and Violence Prevention					
School Community Violence Prevention Grant Program	$50,000	To address local communities' unique needs related to non-violence strategies	School districts and county offices of education		School Safety and Violence Prevention Unit (916) 323-2183
School Violence Reduction Grant Program	Approximately $7.2 million statewide; county entitlement per enrollment	To implement a variety of safe schools strategies based on local needs	County offices of education (will offer grants to schools and school districts)	November	School Safety and Violence Prevention Unit (916) 323-2183
Safe School Plan Implementation Grants	$5,000 each (plus district matching fund) 100 issued each year	To assist schools in implementing a portion of their Safe School plan	Schools	Available in August, due in October	School Safety and Violence Prevention Unit (916) 323-2183
GRIP (Gang Risk Intervention Program)	$3 million statewide each year	To intervene and prevent gang violence	County offices of education (grant award preference to existing programs)	March-April	School Safety and Violence Prevention Unit (916) 323-2183
Title IV Improving America's Schools Act (IASA) Safe & Drug Free Schools and Communities	Per pupil allocation (Federal Fund Entitlement)	To initiate and maintain alcohol/drug/tobacco and violence prevention programs in schools	County offices of education and school districts receive entitlements	June and September Consolidated application	School Safety and Violence Prevention Unit (916) 323-2183 / Healthy Kids Program Office, (916) 657-3040

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
SB 65 School-Based Pupil Motivation and Maintenance (M&M) Grant	$43,104 per grant (Outreach Consultant)	To establish services and strategies designed to retain students in school	Schools in districts operating SB 65 M&M programs	Check for existing program–new school funding unlikely	Education Options Unit (916) 322-5012
Targeted Truancy and Public Safety Grant Program	$10 million for 8 or more sites (3 year demonstration grant)	To implement integrated interventions to prevent repeated truant and related behaviors	School district and county offices of education	December	School Safety and Violence Prevention Unit (916) 323-2183
Tobacco Use Prevention					
Community Tobacco Use Prevention Program	Department of Health Services, Tobacco Control Section	Conduct interventions that support three priority areas: 1) Environmental tobacco smoke, 2) youth access to tobacco products and 3) counter pro-tobacco tactics	Community based organizations, schools		
Tobacco Use Prevention Education (TUPE) Grades 4 through 8	$14,400,000 (Entitlements, not a grant process)	To provide tobacco education and prevention programs for grades 4-8 based on A.D.A.	County offices of education and school districts	Available Sept. 5	Healthy Kids Program Office (916) 657-2810
TUPE Innovative Projects	$2,666,667	To promote and expand innovative and promising tobacco projects	Districts and county offices of education with innovative and promising projects	Pending	Healthy Kids Program Office (916) 657-2810
School Integrated Services					
Healthy Start Support Services for Children Act (SB 620)	$39 million statewide; $50,000 planning grant $400,000 operational grant	Planning (planning grants) or implementing/expanding (operational grants) school integrated supports and services to assist children, youth, and families with achieving success.	School districts and county offices of education. Targeted to schools with high population of low income and LEP students	Available in November. Due in March	Healthy Start Office (916) 657-3558

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
Coordinated Services (IASA)	*Federal* Title XI Improving America's Schools Act (up to 5% of funds allocated for other IASA Titles)	Develop, implement or expand coordinated social, health, and education support and service programs for children and their families	Schools, districts (waiver must be submitted to CDE for approval)	Ongoing	Healthy Start Office (916) 657-3558
HIV/AIDS Grant Programs – Comprehensive School Health Program Office					
HIV/AIDS Prevention Education Grant Program	$30,000–Basic grant $80,000–Demonstration project (Both for 18 month period 1/1/98-6/30/99)	Use local HIV/AIDS prevention resources to develop age-appropriate and culturally sensitive HIV/AIDS prevention education activities for youth in school	School districts and county offices of education	Available October 20. Due end of November	Healthy Kids Program Office (916) 657-2810
Homeless Children Services					
Education for Homeless Children and Youth Program	$2.3 million statewide (approximate)	To ensure homeless children are provided the same free, appropriate public education as provided to other children and youth	School districts and county offices of education	20 grantees funded 1997-2000	Elementary Academic Support (916) 657-2435
Teenage Pregnancy Prevention					
Teenage Pregnancy Prevention Grant Program	$10 million statewide each year	5-year competitive grant program to delay onset of sexual activity and reduce the incidence of teenage pregnancy	School districts and county offices of education	37 grantees funded in fiscal year 1996-97 for the 5 year period	Family and Community Partnerships Unit (916) 653-3768

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
Nutrition Education and Services					
SHAPE California Comprehensive Nutrition Grants and/or Garden Enhanced Nutrition Education Grants	Approximately $190,000 statewide. Availability for 1998 not yet confirmed.	SHAPE: Support comprehensive nutrition services–healthy school meals, nutrition education and supportive partnerships. Garden: motivate children to make healthy food choices, and integrate aspects of growing, marketing, preparing, eating and composting food	School districts and private schools that participate in a federal lunch and/or breakfast program	Spring/Spring	Nutrition Education and Training Programs (916) 322-4392
Pregnant and Lactating Student Meal Supplement Program (PALS)	$ 6545 per student per day	Reimbursement for meal supplements to pregnant or lactating students	School food authorities that participate in a federal lunch and/or breakfast program	Continuous filing	School Nutrition Program Unit (916) 323-1580
California State School Breakfast Program Start-up Grants	$1 million statewide Up to $10,000 per school	Defray expenses of initiating a School Breakfast Program	Schools that -Have no breakfast program -30% needy students -Will maintain program for at least 3 years	Continuous filing and awards	School Nutrition Program Unit (916) 323-1580
National School Lunch Program	Varies, may be up to $1.91 per meal	Provides nutritious lunches to children through reimbursement for paid, reduced fee and free meals. Federally funded through USDA	Public and private non-profit schools	Continuous filing	School Nutrition Program Unit (916) 323-1580

INITIATIVE/ PROGRAM	FUNDING	PURPOSE	WHO'S ELIGIBLE	WHEN APPLICATION IS AVAILABLE/DUE	CONTACT AT CALIF. DEPT. OF EDUCATION
School Breakfast Program	Varies, may be up to $1.245 per meal	Provides nutritious breakfasts to children through USDA reimbursements for paid, reduced fee and free meals	Public and private non-profit schools	Continuous filing	School Nutrition Program Unit (916) 323-1580
Professional Development for Child Nutrition Program Staff Mini-Grants	Approximately $75,000 statewide $5,000 district	Provides incentive for Child Nutrition personnel to enroll in approved professional development programs	School districts that participate in federal lunch and/or breakfast programs	Winter 1998	Nutrition Education and Training Programs (916) 322-4392

Underwriting Health in Schools: Examples of Relevant Resources that Might be Mapped & Analyzed

Education

Elementary and Secondary Education Act/Improving Americas Schools Act (ESEA/IASA)

Title I—Helping Disadvantaged Children Meet High Standards
  Part A: Improving Basic Programs Operated by LEAs
  Part B.: Even Start Family Literacy
  Part C: Migratory Children
  Part D: Neglected or Delinquent
Title II—Professional Development (upgrading the expertise of teachers and other school staff to enable them to teach all children)
Title III— Technology for Education
Title IV—Safe and Drug-Free Schools
Title V—Promoting Equity (magnet schools, women's's educational equity)
Title VI—Innovative Education Program Strategies (school reform and innovation)
Title VII—Bilingual Education, Language Enhancement, and Language Acquisition (includes immigrant education)
Title IX—Indian Education
Title X—Programs of National Significance Fund for the Improvement of Education
Title XI—Coordinated Services
Title XIII—Support and Assistance Program to Improve Education (builds a comprehensive, accessible network of technical assistance)

Obey-Porter Comprehensive School Reform (includes scale-up of New American Schools)
21st Century Community Learning Centers (after school programs)
Other after school programs (involving agencies concerned with criminal justice, recreation, schooling, child care, adult education)
McKinney Act (Title E)—Homeless Education
Goals 2000— "Educational Excellence"
School-Based Service Learning (National Community Service Trust Act)
School-to Career (with the Labor Dept.)
Vocational Education
Individuals with Disabilities Education Act (IDEA)
Social Securities Rehabilitation Act of 1973, Title V—commonly referred to as Section 504 —this civil rights law requires schools to make reasonable accommodations for students with disabilities so they can participate in educational programs provided others. Under 504 students may also receive related services such as counseling even if they are not receiving special education.
Head Start and related pre-school interventions
Adult Education (including parent education initiatives and the move toward creating Parent Centers at schools}
Related State/Local Educational Initiatives e.g., State/Local dropout prevention and related initiatives (including pregnant minor programs); nutrition programs; state and school district reform initiatives; student support programs and services funded with school district general funds or special project grants; school improvement program; Community School Initiatives, etc.

Labor & HUD

Community Development Block Grants
Job Training/Employment
  Job Corps
  Summer Youth (JTPA Title II-B)
  Youth Job Training (JTPA Title II-C)
  Career Center System Initiative
  Job Service
  Youth Build

Health

- Title XIX Medicaid Funding
  - Local Educational Agency (LEA) Billing Option
  - Targeted Case Management—Local Education Agency
  - Targeted Case Management—Local Government Agency
  - Administrative Activities
  - EPSDT for low income youth
  - Federally Qualified Health Clinic

- Public Health Service
  - Substance Abuse and Mental Health Services Administration (SAMHSA) Initiatives (including Substance Abuse Prevention and Treatment Block Grant, Systems of Care initiatives)
    - Center for Substance Abuse Treatment/Center for Substance Abuse Prevention
    - National Institute on Alcohol Abuse & Alcoholism/National Institute on Drug Abuse
    - National Institute on Child Health

  - Health Resources and Services Administration (HRSA) Initiatives
    - Maternal & Child Health Bureau
      - Block Grant--Title V programs--at State and local levels for
        - >reducing infant mortality & the incidence of disabling conditions
        - >increase immunizations
        - >comprehensive perinatal care
        - >preventive and primary child care services
        - >comprehensive care for children with special health needs
        - >rehabilitation services for disabled children under 16 eligible for SSI
        - >facilitate development of service systems that are comprehensive, coordinated, family centered, community based and culturally competent for children with special health needs and their families

    Approximately 15% of the Block Grant appropriation is set aside for special projects of regional and national significance (SPRANS) grants.

    There is also a similar Federal discretionary grant program under Title V for Community Integrated Service Systems (CISS)—Includes the Home Visiting for At-Risk Families program.

    - Ryan White Title IV (pediatric AIDS/HIV)
    - Emergency Medical Services for Children programs
    - Healthy Start Initiative
    - Healthy Schools, Healthy Communities—a collaborative effort of MCHB and the Bureau of Primary Health Care—focused on providing comprehensive primary health care services and health education promotion programs for underserved children and youth (includes School-Based Health Center demonstrations)
    - Mental health in schools initiative—2 national T.A. centers & 5 state projects

  - Administration for Children and Families-Family Youth Services Bureau
    - Runaway and Homeless Youth Program
    - Youth Gang Drug Prevention Program
    - Youth Development—Consortia of community agencies to offer programs for youth in the nonschool hours through Community Schools
    - Youth Services and Supervision Program

  - Centers for Disease Prevention and Control (CDC)
    - Comprehensive School Health—infrastructure grants and related projects
    - HIV & STD initiatives aimed at youth

  - Child Health Insurance Program

  - Adolescence Family Life Act

  - Family Planning (Title X)/Abstinence Education

  - Robert Wood Johnson Foundation States—Making the Grade initiatives (SBHCs)

  - Related State/Local health services and health education initiatives (e.g., anti-tobacco initiatives and other substance abuse initiatives; STD initiatives; student support programs and services funded with school district general funds or special project grants; primary mental health initiatives; child abuse projects; dental disease prevention; etc.)

Social Service

Temporary Assistance for Needy Families (TANF)
Social Services Block Grant
Child Support Enforcement
Community Services Block Grant
Family Preservation and Support Program (PL 103-66)
Foster Care/Adoption Assistance
Adoption Initiative (state efforts)
Independent Living

Juvenile Justice (e.g., Office of Juvenile Justice and Delinquency Prevention)

Crime prevention initiatives
Gang activities, including drug trafficking
State Formula & Discretionary Grants
Parental responsibility initiatives
Youth and guns
State/Local Initiatives

Agency Collaboration and Integrated Services Initiatives

- Federal/State efforts to create Interagency Collaborations
- State/Foundation funded Integrated Services Initiatives (school-linked services/full services school/Family Resource Centers)
- Local efforts to create intra and interagency collaborations and partnerships (including involvement with private sector)

On the way are major new anc changing initiatives at all levels focused on

- child care (Child Care and Development Block Grant)

Related to the above are a host of funded research, training, and TA resources

- Comprehensive Assistance Centers (USDOE)
- National Institute on the Education of At-Risk Students (USDOE)
- Regional Resource & Federal Centers Network (USDOE, Office of Spec. Educ. Res. & Ser.)
- National Training and Technical Assistance centers for MH in Schools (USDHHS/MCHB)
- Higher education initiatives for Interprofessional Collaborative Education

Excerpts from:

COMPENDIUM OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

A Look at Costs, Benefits, and Financing Strategies

By Cheryl D. Hayes, Elise Lipoff, and Anna E. Danegger
July 1995
Prepared for The Finance Project

About the Authors
Cheryl D. Hayes is the Executive Director of The Finance Project.
Elise Lipoff and Anna E. Danegger are Research Associates there.

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OVERVIEW

States and communities are under increasing pressure to change the way their education, health care, and human service systems are organized and operated. Dramatic demographic shifts and changes in family structure and functioning over the past generation have made it increasingly difficult for many families to provide the material, social, and psychological foundation necessary to care for their children.

...(National Commission on Children. Beyond Rhetoric: Toward a National Policy for Children and Families. (Washington, DC: U.S. Government Printing Office, 1991).) The traditional categorical supports and services are organized to respond to narrowly defined problems and are available only when these problems become chronic or severe. They reflect specialized disciplinary or professional orientations, and usually they are delivered through bureaucratic structures that make it difficult to recognize or respond to the full range of a child's or family's needs. (Joan Wynn, Joan Costello, Robert Halpern, and Harold Richman, Children. Families, and Communities: A New Approach to Social Services. (Chicago, IL: The Chapin Hall Center for Children at the University of Chicago, 1994).)

The limitations of existing service systems have spawned a plethora of reform efforts. ...Though widely varied in their form and content, these initiatives are based on several basic premises: 1) that children and families have multiple needs that are best met in a comprehensive, coordinated manner; 2) that family and neighborhood influences shape individual outcomes; and 3) that responsibility for the design and operation of public programs and services should reside at the neighborhood or community level.

As groundwork for an assessment of these issues, The Finance Project has undertaken a review of 50 comprehensive, community-based initiatives to document what is known about their costs, the outcomes they produce, and the ways in which they are financed. Although this review was not exhaustive, the initiatives are representative of efforts under way in communities across the country. ...The findings highlight several themes and issues that have implications for future research and development.

DEFINING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

...Defining comprehensive, community-based initiatives is difficult because they vary dramatically in their form and content. Our review found that some initiatives offer children and families primary and more specialized supports and services at a central location. Others coordinate and broker assistance offered by many independent providers throughout the community. Still others link education, health care, and social services with broader efforts to improve the quality of life in the community through community planning and organizing, economic development, public safety, recreation, and rehabilitation and/or construction projects. The number and variety of supports and services that comprehensive, community-based initiatives offer or can provide access to--in other words, how comprehensive they are--varies. In addition, some initiatives are targeted to a limited number of children and families in a particular school, church, or neighborhood, while others are open to children and families throughout the community or local area.

Despite these differences, researchers and program developers have tried in recent years to articulate common characteristics that are shared by comprehensive, community-based initiatives. (Lisbeth B. Schorr, Within Our Reach: Breaking the Cycle of Disadvantage. (New York: Doubleday, 1988); Frank Farrow and Charles Bruner, Getting to the Bottom Line: State and Community Financing Strategies for Financing Comprehensive Community Service Systems. (Falls Church, VA: National Center for Service Integration, 1993); Wynn et al., 1994.) Such initiatives are:

- Family-based and responsive to a child's needs in the context of his or her family and community, rather than focused solely on the child;
- Flexible in meeting a child's and family's unique needs, and able to draw on resources that cut across formal professional and institutional domains;
- Balanced in providing as much or more emphasis on fostering individual development and family strength and preventing problems before they occur as on remedying problems that have reached crisis proportions;
- Focused on and accountable for achieving improved outcomes for children, families, and the communities in which they live; and
- Community-based in their approach to decision making about the design, implementation, and operation of the initiative rather than centralizing decision making in state or municipal bureauracies that are isolated from neighborhoods and communities and bound by inflexable rules and regulations.

FACILITATING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES: BUILDING THE INFRASTRUCTURE

Our review suggests that individual comprehensive, community-based initiatives reflect these characteristics to varying degrees. The extent to which they do is significantly influenced by federal, state, and local bureaucratic structures, by the ways in which initiatives are financed, and by accountability systems.

Governance Arrangements

When government policies and organizational structures facilitate connections across community agencies and providers, comprehensive, community-based initiatives are more likely to have the autonomy to tailor responses to individual needs and to draw together resources from many parts of the community. In many cases, achieving this autonomy requires the development of new governance structures and processes at the state and local levels. Our review of comprehensive, community-based initiatives highlights several ways in which states and localities are reconfiguring governance arrangements to link financing strategies and service delivery more effectively to goals for enhancing the well-being of children and families:

- The California legislature passed Assembly Bill 1741 to enable local communities to blend categorical funding to support more innovative approaches for meeting the needs of children and families. The legislation creates demonstration projects in five counties. The counties are required to establish new community-based governance structures that are broadly representative of relevant institutional, professional, and consumer interests. These local coordinating councils are expected to develop a vision and goals for a reconfigured service system. State agencies will then assist the counties in obtaining waivers to decategorize federal and state funds to help them achieve their goals.

- In Virginia, the Comprehensive Services Act was enacted to assist youth with serious emotional and behavioral problems who require services from more than one agency or provider system. The law consolidates funding streams from several state agencies and creates the State Executive Council to set fiscal procedures and funding policy. The Council is composed of state agency officials, professional providers, and parent representatives. An even more broadly representative State Management Team was also established to develop policies to guide the implementation of the new law. Each locality, in turn, is required to establish a local Community Policy and Management Team to identify local needs, establish funding priorities, and coordinate local agency efforts.

- In Kansas City, the Local Investment Commission was established to serve as a local intermediary to facilitate more flexible and responsive uses of existing public resources to meet the needs of neighborhood communities. The commission has no programmatic or budgetary authority. It is an advisory body composed of civic leaders, corporate and labor leaders, public agency officials, service providers, advocates, and private citizens. Its influence depends on its credibility with relevant, often competing, interests in the community and its capability to negotiate among them.

- The West Virginia legislature created the Governor's Cabinet on Children and Families in 1990 to foster a more integrated and collaborative approach to state investments in children's development and families' ability to meet their children's developmental needs. The Cabinet is composed of the Secretaries of Health and Human Resources; Commerce, Labor, and Environmental Resources; and Administration; as well as the State Superintendent of Schools and the Attorney General. Representatives of the State Senate and House of Delegates serve in an advisory capacity. The Governor's Cabinet oversees the creation and operation of community-based Family Resource Networks to integrate supports and services for children and their families.

Financing Strategies

How funds are channeled to comprehensive, community-based initiatives significantly affects what supports and services are available, how they are provided, how well they are linked with other resources in the community, and who benefits from them. The bulk of available public funding for education, health care, and human services, as well as for housing, community redevelopment, and economic development is categorical. These narrowly defined funding streams support specialized activities in response to clearly defined problems and deficits. They usually make it difficult to coordinate resources across agencies and programs. They limit community organizers' and providers' flexibility to use resources creatively to meet individual needs and to avert problems before they occur. Under these circumstances, children's and families' needs are often fitted to available services, rather than the other way around.

Creating comprehensive, community-based initiatives typically requires blending funding from several sources. Expanding these models to community-wide support systems will require shifting a large portion of public funding to non-categorical sources. Funding for the initiatives we reviewed comes from a number of discrete federal, state, and local categorical funding streams, from federal entitlement funding, and from private corporate, philanthropic, and individual contributions.... Our review highlighted a number of innovative efforts under way to create more flexible funding.

- Several states and communities have created legislation or executive policies to help coordinate (and in some cases consolidate) traditionally separate state-level funding streams. In Iowa, for example, more than 30 separate state funding streams were consolidated at the county level to make funding more flexible and to shift expenditure authority to the local level. Several counties were designated as demonstration sites to develop a continuum of supports and services for children and families and to redirect some resources from institutional services to community-based services.

- Several states have introduced new financing arrangements that pool funds appropriated to various state agencies to serve target populations. In Tennessee, for example, the legislature and state agencies created a funding pool to support comprehensive, community-based initiatives for vulnerable children and families as an alternative to foster care and out-of-home placement. All funds previously spent on out-of-home placements and care have been pooled into one statewide account under control of the Department of Finance and Administration. These funds now finance a redesigned system of community-based care and out-of-home placement managed by Community Health Agencies. Similarly, the Caring Communities Program in Missouri is a collaborative effort among four state agencies--Mental Health, Social Services, Health, and Education--to meet the multiple needs of high-risk children and their families in several local communities. Each agency contributes a portion of the total program budget to a funding pool, and all share responsibility for decision making and oversight.

- Cross-sector financing strategies are emerging in many communities whereby local initiatives are jointly funded by public and private agencies. The Agenda for Children Tomorrow (ACT), for example, is a joint initiative of the City of New York and a coalition of non-profit organizations working in ten community districts to integrate supports and services, including health, housing, family support, job training, mental health, youth services, and economic development. ACT combines public funding with support from private foundations and other private voluntary groups, such as the United Way. In-kind support for the initiative is provided by local corporations and law firms.

- Using private sector and foundation funds to leverage public fiscal resources is another way that many states and communities are beginning to expand the funding base for comprehensive, community-based initiatives. Many foundations and corporations are increasingly interested in getting behind promising system reforms to improve the quality of life in their communities. The Atlanta Project is one example of an ambitious community-based initiative to help empower neighborhood communities to gain access to resources to address the needs of their children and families and overcome problems of crime, drug use, unemployment, homelessness, teen pregnancy, and school dropout. Each of the 20 participating neighborhood groups has a corporate partner that assists community leaders and residents to identify assets and needs, set goals, obtain needed resources, and plan and manage their use. Another interesting example of public-private partnerships in financing is the Missouri Family Investment Trust. Aimed at fostering the flexible use of public resources to enhance child development and strengthen families through community planning and community-specific approaches, the trust combines state and private foundation funds as a basis for leveraging other funds, including federal entitlement and matching funds.

- In efforts to reshape the way current public dollars are spent, several states and communities are experimenting with strategies to redeploy funds from more restrictive (and usually more expensive) services to less restrictive, community-based supports and services. Kansas City's Local Investment Commission (LINC) is an initiative to reform the city's human services system and devolve responsibility for the design and operation of services to neighborhood communities where community leaders want to do things differently. LINC serves as a catalyst for reallocating current resources from highly formalized categorical services to more flexible responses to community needs, for example, using schools as the hub of neighborhood social services or allocating Aid to Families with Dependent Children (AFDC) and Food Stamp benefits to local employers who hire welfare recipients.

- Some states are experimenting with making available flexible funds that front-line providers can use to meet unique family needs. The Lincoln Intermediate Unit No. 12 Migrant Child Development Program (LIUMCDP), for example, does not provide services directly. Instead, it refers children and their families to a number of community agencies and organizations that offer a variety of kinds of specialized help. LIUMCDP workers have discretion and access to limited funds to purchase the goods and services that families need which may not be available from other institutions or programs.

With increasing pressure at all levels to control costs and improve the effectiveness and equity of supports and services, there will be stronger incentives for public officials and community program developers to find more creative financing strategies. In addition, movement in Congress to consolidate federal programs and provide funds to states in the form of block grants can be expected to add momentum to efforts to devolve more authority for program design and operations to the state and local levels....

CONCLUSION

Comprehensive, community-based initiatives have gained support and prominence in recent years. The experiences of the 50 programs included in this compendium and countless others that were not reviewed provide strong and convincing evidence that these initiatives present a rich opportunity to test new concepts of service delivery, community building, and economic development. They demonstrate that changing established systems is a slow and cumbersome process, and it requires participation and support from all parts of the community. It is often difficult for institutions with established missions to imagine their roles and relationships changing. It is equally difficult for service providers with established disciplinary orientations to change their behavior and for governance structures to loosen their control over funding and administrative procedures.

All of the initiatives described here present potentially promising models for community change. Some are more ambitious than others. For the most part, however, their experiences have not been documented in ways that will enable policy makers or community developers to draw well-informed conclusions about the costs and benefits of this kind of reform and the feasibility of implementing it on a larger scale. Defining an effective evaluation methodology will require coming to grips with different and sometimes conflicting ideas about what a comprehensive, community-based initiative is, what it aims to achieve, and at what costs. It will also require expanding current concepts of costs and benefits to take account of purposes that are broader than single program components, that depend on the energies and resources of different institutions, and that reflect the context of the individual communities in which they have developed. With these kinds of tools, policy makers and program developers can learn much more from the growing portfolio of existing comprehensive, community-based initiatives. With the information that such studies will yield, they will have a sound basis for deciding on the next steps to restructure and reform existing systems to better meet the changing needs of children, families, and communities.

More Federal Funds for School Reform

The Comprehensive School Reform Demonstration (CSRD) Program provides funding to help schools adopt successful comprehensive school reform models. The program makes $145 million available to state education agencies to provide competitive incentive grants to school districts for schools that elect to pursue comprehensive reform. Of these funds, $129 million is earmarked for Title I schools and $25 million can go to any school under the Fund for the Improvement of Education. Up to 3,000 schools may be eligible for grants of no less than $50,000 (renewable for two years).

How these grants flow to schools, and which schools receive these grants, will be determined at the state and district levels. The federal legislation identifies a number of comprehensive school reform models, but also adds that schools can adopt other, research-based comprehensive models.

In addition to the state funds, the ten regional educational laboratories will receive $4 million to help schools select, design, implement, and evaluate comprehensive school reforms. NCREL will receive approximately $500,000. The U.S. Department of Education will receive $1 million to disseminate proven comprehensive school reform models.

Resources and information to help schools and districts make decisions regarding comprehensive school reform models are available on the NCREL (North Central Regional Educational Laboratory) website www.ncrel.org/csri/ and the SEDL (Southwest Educational Development Laboratory) website www.sedl.org/csrd/

FY 2000 Funding

Third year CSRD funding for FY2000 will be available July 1, 2000. The FY2000 budget signed by the President includes a $75 million increase in funding for the Comprehensive School Reform Demonstration (CSRD) Program, enough to help approximately one thousand additional schools implement comprehensive improvements. An overview of previous fiscal year allocations, as well as the estimated FY 2000 state allocations can be viewed at:
http://www.ed.gov/offices/OESE/compreform/CSRDFY2000.html

From NCREL...

The North Central Regional Educational Laboratory (NCREL) is making available 16 90-minute videotapes, each featuring a program description by a reform model developer. In addition, 2 overview videos feature 8-minute summary interviews with developers. SEAs, schools, and districts may obtain the tapes free (on loan). For ordering information, visit the NCREL Web site, **www.ncrel.org**, or phone Margaret O'Keefe at 1-800-356-2735, ext. 1062.

From SEDL...

http://www.sedl.org/csrd/csrdnews.html (from 3/10/2000)

New information on the Comprehensive School Reform Demonstration program is posted here on a regular basis.

CSRD awards have been anounced in Arkansas, New Mexico, Oklahoma and Texas. Search the CSRD Awards Database for information on schools that received CSRD funds.

CSRD Applications Available Online

Visit our State Applications page (http://www.sedl.org/csrd/staterfp.html) where the Texas, New Mexico and Arkansas applications are available for downloading. A link to the Laboratory for Student Success is provided for access to state applications outside SEDL's five state region.

The April 1998 issue of SEDLetter offers an overview of the CSRD program, entitled Designs on Comprehensive School Reform.

To contact SEDL for more information

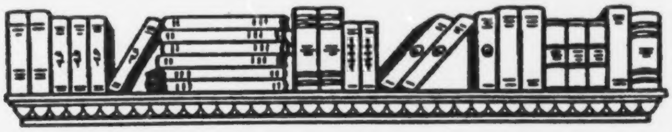
Call SEDL at (800) 476-6861 and ask to speak to a Comprehensive School Reform Information Specialist

OR Send e-mail to SEDL by contacting **csrd@sedl.org**

V. A Proposal Writing Short Course

(from The Foundation Center website)

A PROPOSAL WRITING *Short Course*



Introduction

The subject of this short course is proposal writing. But the proposal does not stand alone. It must be part of a process of planning and of research on, outreach to, and cultivation of potential foundation and corporate donors.

This process is grounded in the conviction that a partnership should develop between the nonprofit and the donor. When you spend a great deal of your time seeking money, it is hard to remember that it can also be difficult to give money away. In fact, the dollars contributed by a foundation or corporation have no value until they are attached to solid programs in the nonprofit sector.

This truly is an ideal partnership. The nonprofits have the ideas and the capacity to solve problems, but no dollars with which to implement them. The foundations and corporations have the financial resources but not the other resources needed to create programs. Bring the two together effectively, and the result is a dynamic collaboration.

You need to follow a step-by-step process in the search for private dollars. It takes time and persistence to succeed. After you have written a proposal, it could take as long as a year to obtain the funds needed to carry it out. And even a perfectly written proposal submitted to the right prospect may be rejected.

Raising funds is an investment in the future. Your aim should be to build a network of foundation and corporate funders, many of which give small gifts on a fairly steady basis and a few of which give large, periodic grants. By doggedly pursuing the various steps of the process, each year you can retain most of your regular supporters and strike a balance with the comings and goings of larger donors.

The recommended process is not a formula to be rigidly adhered to. It is a suggested approach that can be adapted to fit the needs of any nonprofit and the peculiarities of each situation. Fundraising is an art as well as a science. You must bring your own creativity to it and remain flexible.

Gathering Background Information

The first thing you will need to do in writing the master proposal is to gather the documentation for it. You will require background documentation in three areas: concept, program, and expenses.

If all of this information is not readily available to you, determine who will help you gather each type of information. If you are part of a small nonprofit with no staff, a knowledgeable board member will be the logical choice. If you are in a larger agency, there should be program and financial support staff who can help you. Once you know with whom to talk, identify the questions to ask.

This data-gathering process makes the actual writing much easier. And by involving other stakeholders in the process, it also helps key people within your agency seriously consider the project's value to the organization.

Concept

It is important that you have a good sense of how the project fits into the philosophy and mission of your agency. The need that the proposal is addressing must also be documented. These concepts must be well-articulated in the proposal. Funders want to know that a project reinforces the overall direction of an organization, and they may need to be convinced that the case for the project is compelling. You should collect background data on your organization and on the need to be addressed so that your arguments are well-documented.

Program

Here is a check list of the program information you require:

the nature of the project and how it will be conducted;
the timetable for the project;
the anticipated outcomes and how best to evaluate the results; and
staffing needs, including deployment of existing staff and new hires.

Expenses

You will not be able to pin down all the expenses associated with the project until the program details and timing have been worked out. Thus, the main financial data gathering takes place after the narrative part of the master proposal has been written. However, at this stage you do need to sketch out the broad outlines of the budget to be sure that the costs are in reasonable proportion to the outcomes you anticipate. If it appears that the costs will be prohibitive, even with a foundation grant, you should then scale back your plans or adjust them to remove the least cost-effective expenditures.

Components of a Proposal

Executive Summary:	umbrella statement of your case and summary of the entire proposal	1 page
Statement of Need:	why this project is necessary	2 pages
Project Description:	nuts and bolts of how the project will be implemented	3 pages
Budget:	financial description of the project plus explanatory notes	1 page
Organization Information:	history and governing structure of the nonprofit; its primary activities, audiences, and services	1 page
Conclusion:	summary of the proposal's main points	2 paragraphs

The Executive Summary

This first page of the proposal is the most important section of the entire document. Here you will provide the reader with a snapshot of what is to follow. Specifically, it summarizes all of the key information and is a sales document designed to convince the reader that this project should be considered for support. Be certain to include:

Problem — a brief statement of the problem or need your agency has recognized and is prepared to address (one or two paragraphs);

Solution — a short description of the project, including what will take place and how many people will benefit from the program, how and where it will operate, for how long, and who will staff it (one or two paragraphs);

Funding requirements-- an explanation of the amount of grant money required for the project and what your plans are for funding it in the future (one paragraph); and

Organization and its expertise— a brief statement of the name, history, purpose, and activities of your agency, emphasizing its capacity to carry out this proposal (one paragraph).

The Statement of Need

If the funder reads beyond the executive summary, you have successfully piqued his or her interest. Your next task is to build on this initial interest in your project by enabling the funder to understand the problem that the project will remedy.

The statement of need will enable the reader to learn more about the issues. It presents the facts and evidence that support the need for the project and establishes that your nonprofit understands the problems and therefore can reasonably address them. The information used to support the case can come from authorities in the field, as well as from your agency's own experience.

You want the need section to be succinct, yet persuasive. Like a good debater, you must assemble all the arguments. Then present them in a logical sequence that will readily convince the reader of their importance. As you marshall your arguments, consider the following six points.

First, decide which facts or statistics best support the project. Be sure the data you present are accurate. There are few things more embarrassing than to have the funder tell you that your information is out of date or incorrect. Information that is too generic or broad will not help you develop a winning argument for your project. Information that does not relate to your organization or the project you are presenting will cause the funder to question the entire proposal. There also should be a balance between the information presented and the scale of the program.

Second, give the reader hope. The picture you paint should not be so grim that the solution appears hopeless. The funder will wonder whether an investment in a solution will be worthwhile. Here's an example of a solid statement of need: "Breast cancer kills. But statistics prove that regular check-ups catch most breast cancer in the early stages, reducing the likelihood of death. Hence, a program to encourage preventive check-ups will reduce the risk of deatn due to breast cancer." Avoid overstatement and overly emotional appeals.

Third, decide if you want to put your project forward as a model. This could expand the base of potential funders, but serving as a model works only for certain types of projects. Don't try to make this argument if it doesn't really fit. Funders may well expect your agency to follow through with a replication plan if you present your project as a model.

If the decision about a model is affirmative, you should document how the problem you are addressing occurs in other communities. Be sure to explain how your solution could be a solution for others as well.

Fourth, determine whether it is reasonable to portray the need as acute. You are asking the funder to pay more attention to your proposal because either the problem you address is worse than others or the solution you propose makes more sense than others. Here is an example of a balanced but weighty statement: "Drug abuse is a national problem. Each day, children all over the country die from drug overdose. In the South Bronx the problem is worse. More children die here than any place else. It is an epidemic. Hence, our drug prevention program is needed more in the South Bronx than in any other part of the city."

Fifth, decide whether you can demonstrate that your program addresses the need differently or better than other projects that preceded it. It is often difficult to describe the need for your project without being critical of the competition. But you must be careful not to do so. Being critical of other nonprofits will not be well received by the funder. It may cause the funder to look more carefully at your own project to see why you felt you had to build your case by demeaning others. The funder may have invested in these other projects or may begin to consider them, now that you have brought them to their attention.

If possible, you should make it clear that you are cognizant of, and on good terms with, others doing work in your field. Keep in mind that today's funders are very interested in collaboration. They may even ask why you are not collaborating with those you view as key competitors. So at the least you need to describe how your work complements, but does not duplicate, the work of others.

Sixth, avoid circular reasoning. In circular reasoning, you present the absence of your solution as the actual problem. Then your solution is offered as the way to solve the problem. For example, the circular reasoning for building a community swimming pool might go like this: "The problem is that we have no pool in our community. Building a pool will solve the problem." A more persuasive case would cite what a pool has meant to a neighboring community, permitting it to offer recreation, exercise, and physical therapy programs. The statement might refer to a survey that underscores the target audience's planned usage of the facility and conclude with the connection between the proposed usage and potential benefits to enhance life in the community. The statement of need does not have to be long and involved. Short, concise information captures the reader's attention.

The Project Description

This section of your proposal should have four subsections: objectives, methods, staffing/administration, and evaluation. Together, objectives and methods dictate staffing and administrative requirements. They then become the focus of the evaluation to assess the results of the project. Taken together, the four subsectors present an interlocking picture of the total project.

Objectives

Objectives are the measurable outcomes of the program. They define your methods. Your objectives must be tangible, specific, concrete, measurable, and achievable in a specified time period. Grantseekers often confuse objectives with goals, which are conceptual and more abstract. For the purpose of illustration, here is the goal of a project with a subsidiary objective:

Goal: Our after-school program will help children read better.

Objective: Our after-school remedial education program will assist fifty children in improving their reading scores by one grade level as demonstrated on standardized reading tests administered after participating in the program for six months.

The goal in this case is abstract: improving reading, while the objective is much more specific. It is achievable in the short term (six months) and measurable (improving fifty children's reading scores by one grade level).

With competiton for dollars so great, well-articulated objectives are increasingly critical to a proposal's success.

Using a different example, there are at least four types of objectives:

1. Behavioral — A human action is anticipated.

   Example: Fifty of the seventy children participating will learn to swim.

2. Performance — A specific time frame within which a behavior will occur, at an expected proficiency level, is expected.

   Example: Fifty of the seventy children will learn to swim within six months and will pass a basic swimming proficiency test administered by a Red Cross-certified lifeguard.

3. Process — The manner in which something occurs is an end in itself.

   Example: We will document the teaching methods utilized, identifying those with the greatest success.

4. Product — A tangible item results.

   Example: A manual will be created to be used in teaching swimming to this age and proficiency group in the future.

In any given proposal, you will find yourself setting forth one or more of these types of objectives, depending on the nature of your project. Be certain to present the objectives very clearly. Make sure that they do not become lost in verbiage and that they stand out on the page. You might, for example, use numbers, bullets, or indentations to denote the objectives in the text. Above all, be realistic in setting objectives. Don't promise what you can't deliver. Remember, the funder will want to be told in the final report that the project actually accomplished these objectives.

Methods

By means of the objectives, you have explained to the funder what will be achieved by the project. The methods section describes the specific activities that will take place to achieve the objectives. It might be helpful to divide our discussion of methods into the following: how, when, and why.

How: This is the detailed description of what will occur from the time the project begins until it is completed. Your methods should match the previously stated objectives.

When: The methods section should present the order and timing for the tasks. It might make sense to provide a timetable so that the reader does not have to map out the sequencing on his own....The timetable tells the reader "when" and provides another summary of the project that supports the rest of the methods section.

Why: You may need to defend your chosen methods, especially if they are new or unorthodox. Why will the planned work lead to the outcomes you anticipate? You can answer this question in a number of ways, including using expert testimony and examples of other projects that work.

The methods section enables the reader to visualize the implementation of the project. It should convince the reader that your agency knows what it is doing, thereby establishing its credibility.

Staffing/Administration

In describing the methods, you will have mentioned staffing for the project. You now need to devote a few sentences to discussing the number of staff, their qualifications, and specific assignments. Details about individual staff members involved in the project can be included either as part of this section or in the appendix, depending on the length and importance of this information.

"Staffing" may refer to volunteers or to consultants, as well as to paid staff. Most roposal writers do not develop staffing sections for projects that are primarily volunteer run. Describing tasks that volunteers will undertake, however, can be most helpful to the proposal reader. Such information underscores the value added by the volunteers as well as the cost-effectiveness of the project.

For a project with paid staff, be certain to describe which staff will work full time and which will work part time on the project. Identify staff already employed by your nonprofit and those to be recruited specifically for the project. How will you free up the time of an already fully deployed individual?

Salary and project costs are affected by the qualifications of the staff. Delineate the practical experience you require for key staff, as well as level of expertise and educational background. If an individual has already been selected to direct the program, summarize his or her credentials and include a brief biographical sketch in the appendix. A strong project director can help influence a grant decision.

Describe for the reader your plans for administering the project. This is especially important in a large operation, if more than one agency is collaborating on the project, or if you are using a fiscal agent. It needs to be crystal clear who is responsible for financial management, project outcomes, and reporting.

Evaluation

An evaluation plan should not be considered only after the project is over; it should be built into the project. Including an evaluation plan in your proposal indicates that you take your objectives seriously and want to know how well you have achieved them. Evaluation is also a sound management tool. Like strategic planning, it helps a nonprofit refine and improve its program. An evaluation can often be the best means for others to learn from your experience in conducting the project.

There are two types of formal evaluation. One measures the product; the other analyzes the process

Either or both might be appropriate to your project. The approach you choose will depend on the nature of the project and its objectives. For either type, you will need to describe the manner in which evaluation information will be collected and how the data will be analyzed. You should present your plan for how the evaluation and its results will be reported and the audience to which it will be directed. For example, it might be used internally or be shared with the funder, or it might deserve a wider audience. A funder might even have an opinion about the scope of this dissemination.

The Budget

The budget for your proposal may be as simple as a one-page statement of projected expenses. Or your proposal may require a more complex presentation, perhaps including a page on projected support and revenue and notes explaining various items of expense or of revenue.

Expense Budget

As you prepare to assemble the budget, go back through the proposal narrative and make a list of all personnel and nonpersonnel items related to the operation of the project. Be sure that you list not only new costs that will be incurred if the project is funded but also any ongoing expenses for items that will be allocated to the project. Then get the relevant costs from the person in your agency who is responsible for keeping the books. You may need to estimate the proportions of your agency's ongoing expenses that should be charged to the project and any new costs, such as salaries for project personnel not yet hired. Put the costs you have identified next to each item on your list.

Your list of budget items and the calculations you have done to arrive at a dollar figure for each item should be summarized on worksheets. You should keep these to remind yourself how the numbers were developed. These worksheets can be useful as you continue to develop the proposal and discuss it with funders; they are also a valuable tool for monitoring the project once it is under way and for reporting after completion of the grant.

A portion of a worksheet for a year-long project might look like this:

Item	Description	Cost
Executive director	Supervision	10% of salary = $10,000 25% benefits = $ 2,500
Project director	Hired in month one	11 months at $35,000 = $32,083 25% benefits = $ 8,025
Tutors	12 working 10 hours per week for three months	12 x 10 x 13 x $ 4.50 = $ 7,020
Office space	Requires 25% of current space	25% x $20,000 = $ 5,000
Overhead	20% of project cost	20% x $64,628 = $12,926

With your worksheets in hand, you are ready to prepare the expense budget. For most projects, costs should be grouped into subcategories, selected to reflect the critical areas of expense. All significant costs

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should be broken out within the subcategories, but small ones can be combined on one line. You might divide your expense budget into personnel and nonpersonnel costs; your personnel subcategories might include salaries, benefits, and consultants. Subcategories under nonpersonnel costs might include travel, equipment, and printing, for example, with a dollar figure attached to each line.

Budget Narrative

A narrative portion of the budget is used to explain any unusual line items in the budget and is not always needed. If costs are straightforward and the numbers tell the story clearly, explanations are redundant.

If you decide a budget narrative is needed, you can structure it in one of two ways. You can create "Notes to the Budget," with footnote-style numbers on the line items in the budget keyed to numbered explanations. If an extensive or more general explanation is required, you can structure the budget narrative as straight text. Remember though, the basic narrative about the project and your organization belong elsewhere in the proposal, not in the budget narrative.

Organizational Information

Normally a resume of your nonprofit organization should come at the end of your proposal. Your natural inclination may be to put this information up front in the document. But it is usually better to sell the need for your project and then your agency's ability to carry it out.

It is not necessary to overwhelm the reader with facts about your organization. This information can be conveyed easily by attaching a brochure or other prepared statement. In two pages or less, tell the reader when your nonprofit came into existence; state its mission, being certain to demonstrate how the subject of the proposal fits within or extends that mission; and describe the organization's structure, programs, and special expertise.

Discuss the size of the board, how board members are recruited, and their level of participation. Give the reader a feel for the makeup of the board. (You should include the full board list in an appendix.) If your agency is composed of volunteers or has an active volunteer group, describe the function that the volunteers fill. Provide details on the staff, including the numbers of full and part-time staff, and their levels of expertise.

Describe the kinds of activities in which your staff engage. Explain briefly the assistance you provide. Describe the audience you serve, any special or unusual needs they face, and why they rely on your agency. Cite the number of people who are reached through your programs.

Tying all of the information about your nonprofit together, cite your agency's expertise, especially as it relates to the subject of your proposal.

Conclusion

Every proposal should have a concluding paragraph or two. This is a good place to call attention to the future, after the grant is completed. If appropriate, you should outline some of the follow-up activities that might be undertaken to begin to prepare your funders for your next request. Alternatively, you should state how the project might carry on without further grant support.

This section is also the place to make a final appeal for your project. Briefly reiterate what your nonprofit wants to do and why it is important. Underscore why your agency needs funding to accomplish it. Don't be afraid at this stage to use a bit of emotion to solidify your case.

What Happens Next?

Submitting your proposal is nowhere near the end of your involvement in the grantmaking process. Grant review procedures vary widely, and the decision-making process can take anywhere from a few weeks to six months. During the review process, the funder may ask for additional information either directly from you or from outside consultants or professional references. Invariably, this is a difficult time for the grantseeker. You need to be patient but persistent. Some grantmakers outline their review procedures in annual reports or application guidelines. If you are unclear about the process, don't hesitate to ask.

If your hard work results in a grant, take a few moments to acknowledge the funder's support with a letter of thanks. You also need to find out whether the funder has specific forms, procedures, and deadlines for reporting the progress of your project. Clarifying your responsibilities as a grantee at the outset, particularly with respect to financial reporting, will prevent misunderstandings and more serious problems later.

Nor is rejection necessarily the end of the process. If you're unsure why your proposal was rejected, ask. Did the funder need additional information? Would they be interested in considering the proposal at a future date? Now might also be the time to begin cultivation of a prospective funder. Put them on your mailing list so that they can become further acquainted with your organization. Remember, there's always next year.

This short course in proposal writing was excerpted from The Foundation Center's Center's Guide to Proposal Writing, rev.ed. (New York: The Foundation Center, 1997), by Jane C. Geever and Patricia McNeill, fundraising consultants with extensive experience in the field.

The Foundation Center's Guide to Proposal Writing and other resources on the subject are available for free use in Foundation Center libraries and Cooperating Collections.

Additional Readings

Burns, Michael E. Proposal Writer's Guide. New Haven, CT: Development & Technical Assistance Center.

Coley, Soraya M., and Cynthia Scheinberg. Proposal Writing. Newburg Park, CA: Sage Publications.

Gooch, Judith Mirick. Writing Winning Proposals. Washington, D.C.: Council for Advancement and Support of Education.

Hall, Mary. Getting Funded: A Complete Guide to Proposal Writing. 3rd ed. Portland, OR: Continuing Education Publications.

Kiritz, Norton J. Program Planning and Proposal Writing. Expanded version. Los Angeles, CA: The Grantsmanship Center.

We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

CLEARINGHOUSE CATEGORIES

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness
- School adjustment (including newcomer acculturation)
- Learning, attention & behavior problems